MH92D1671

HEALTH WORKS!

GUIDE FOR CONDUCTING A COMMUNITY-BASED HEALTH RISK APPRAISAL PROGRAM

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A Product of the:

HEALTHWORKS! Model Community Project
Erie County Department of Health
Erie, PA
1992

HEALTHWORKS! is funded in part by the National Center for Chronic Disease and Health Promotion of the Centers for Disease Control, under a contract administered by the Pennsylvania Department of Health.

ACKNOWLEDGMENT

Funding and technical assistance for this manual were provided by the Health Risk Reduction Program of the Pennsylvania Department of Health, and the National Center for Health Promotion and Disease Prevention. Many people contributed to the completion of this manual. Among them are:

- Cathy Becker, MPH; Pennsylvania Health Risk Reduction Program Director
- Walt Horner, MS; Resources for Prevention, Inc.
- Lisa Miller; Manager of the North East Area Chamber of Commerce (1986-1991)
- Diane Moyer; HEALTHWORKS! Project Secretary

Too numerous to mention are the many organizations and volunteers who helped implement the health risk appraisal program on which this manual was based. Without them the success of this program would not have been possible.

The Community Health Assessment program and this manual represent one aspect of the HEALTHWORKS! Health Risk Reduction Program developed by the Erie County Department of Health. Other efforts include programs for nutrition, weight control, smoking and fitness, working with employers, restaurants, supermarkets, schools, and the community-at-large.

FORWARD

This manual was written in the hope that it would be widely used to help communities take a planned approach to health promotion and disease prevention. In addition to raising community awareness of lifestyle-related health risks, a well-planned health risk appraisal program can help equip many individuals with the knowledge and motivation they need to live healthier life-styles.

You will note that throughout this manual we refer to our health risk appraisal campaign as a "Community Health Assessment" or "CHA". This title was selected to make the program easier to administer and easier for people to remember.

This intervention is not technically a "Community Health Assessment" rather it is an attempt to gather information on the health promotion needs and interests of people in a small community. When promoting the program to the public we referred to it as a "Know Your Health Status" campaign to support the concept of personal responsibility for health and to clearly communicate the purpose and benefits of participating in the program.

We hope you will take the time to complete and return the user evaluation on the next page. Your feedback is very valuable to us. Feel free to contact us for more information about HEALTHWORKS!

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HEALTHWORKS!

Guide For Conducting A Community Health Assessment

USER EVALUATION

This form is designed to help us assure the usefulness of this manual. Please complete and return to HEALTHWORKS!, 4718 Lake Pleasant Road, Erie, PA 16504.

A. Circle the best answer for each item listed below.

SA = *Strongly Agree*	A = *Agree*	N = *Neither Agree or Disagree*	D = *Disagree*	SD = *Strongly Disagree*

1. This manual was easy to read and understand. ..... SA A N D SD
2. The information was presented in logical progression. ..... SA A N D SD
3. This manual provided sufficient information to enable me/my organization to conduct a community health assessment. ..... SA A N D SD
4. This manual contained information and/or resources which I have not come across in any other publications. ..... SA A N D SD
5. I would recommend this manual to others. ..... SA A N D SD

B. How would you rate the following components of this manual? Please circle your response.

	Highly Useful			-	*Somewhat*		-			*Not at all Useful*
1. Section on Advance Planning	10	9	8	7	6	5	4	3	2	1
2. Section on Publicity	10	9	8	7	6	5	4	3	2	1
3. Section on Program Implementation	10	9	8	7	6	5	4	3	2	1
4. Appendices/Sample Materials	10	9	8	7	6	5	4	3	2	1

C. What changes would you make in this manual to make it more useful? _____

_____

D. Please check the item(s) which most closely describes your occupation and place of employment:

- ☐ Health Educator
- ☐ Health Department
- ☐ Nurse
- ☐ Hospital
- ☐ Recreation Leader
- ☐ Voluntary Health Agency
- ☐ Administrator/CEO
- ☐ Health Club/YMCA/YWCA
- ☐ Teacher/Professor
- ☐ College/University
- ☐ Student
- ☐ Business/Industry
- ☐ Other_____

Thank You!

GUIDE FOR CONDUCTING A COMMUNITY-BASED HEALTH RISK APPRAISAL PROGRAM

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OVERVIEW

INTRODUCTION

This is the first in a series of "how-to" manuals developed by the Erie County HEALTHWORKS! project. The purpose of this manual is to guide the reader through a step-by-step process for conducting an assessment of the health promotion needs and interests of residents in a small community. This assessment is designed to provide practical information that will help you set priorities for conducting risk reduction/health promotion activities for weight control, nutrition, exercise, smoking cessation, and seat-belt use. The Community Health Assessment (CHA) described in this manual consists of a Health Risk Appraisal (HRA), a health knowledge and opinion survey form, and four basic health screening measures (height, weight, blood pressure, and cholesterol). See box on page 2 for a description of a health risk appraisal.

WHO SHOULD USE THIS MANUAL?

This manual can be used by anyone interested in public health and the quality of life in their community. The local health department, hospital, community health centers, voluntary agencies, community nursing services, and Chambers of Commerce are appropriate groups to provide leadership for planning, organizing, and implementing a similar program and subsequent health promotion activities. Leaders in government, business, education, religion, as well as civic and social groups should also be involved.

HOW TO USE THIS MANUAL

To use this manual and accompanying materials effectively it is suggested that the reader first read a brief description of the Community Health Assessment conducted in North East, Pennsylvania, (see Appendix B) and then answer the following questions:

- Is my community similar in size, composition, and resources to North East, PA? (See Appendix A page 28 for a description of North East.) Our approach was designed specifically for small communities (5,000 - 20,000 population). In a larger community timing, promotion, and distribution methods may need to be modified.
- What changes in content and methods should I make to adapt the Community Health Assessment to my community?
- What resources (money, manpower, materials, facilities) are available in my community?
- How do I enlist the support of community leaders? (physicians, politicians, Chamber of Commerce, business leaders, clergy, etc.?)
- Once an assessment has been done, what resources are available to carry out interventions that will provide people with the information, skills, and support they need to reduce their health risks and live healthier lives?

After reviewing the information in this manual, we suggest you make a simple task list and timetable, incorporating any changes that will increase the chances for a successful program given the unique characteristics of your community.

LIMITATIONS

The Health Risk Appraisal Program as presented in this manual is not intended for research purposes. The results primarily provide information on those community residents who were interested in their health status and willing to participate in a health screening program. Also, the CHA instruments used in this project collected information on many of the major risks to health but not all risks. Therefore, it does not provide a comprehensive analysis of community health needs.

WHAT IS A HEALTH RISK APPRAISAL ?

A Health Risk Appraisal (HRA) is a public health and preventive medicine tool designed to provide individual participants with objective information about preventable risks relating to the leading causes of death for their age, sex, and condition.

To participate in a Health Risk Appraisal, the individual must fill out a questionnaire that includes items about health and safety habits (such as smoking, drinking, and seat-belt use) and about personal characteristics (such as weight and cholesterol levels). The form will also include questions on age, race, sex, and occupation which are needed to calculate individual risks compared to others with a similar profile.

Participants' answers are entered into a computer where they are compared with recent national health statistics. The participant is then given a computer report which estimates their risk of suffering certain health problems, given their current health status and habits. It also shows how much their risk can be reduced by changing any harmful habits or conditions that exist. Many HRA computer programs also have the capability of generating a report which summarizes the health risks of an entire group of participants. It is important to remember that both the individual and group reports are estimates based on statistical probabilities, not certainties.

ADVANCE PLANNING

A TEN-STEP APPROACH TO PLANNING YOUR COMMUNITY HEALTH ASSESSMENT

FOREWORD

The planning process presented in this manual is based on the assumption that your organization has budgeted the money and staff time needed to conduct a Community Health Assessment using this model. If this is not the case, your first task will be to locate funds and reassign staff as needed. Possible sources of funds include state and local health departments, some federal agencies (Centers for Disease Control, National Heart, Lung, and Blood Institute), hospitals, public and private foundations, health-related agencies, and businesses in your community. You will need to begin your search for funds up to one year before the anticipated kick-off of your Community Health Assessment.

Other than the issue of funding, the steps for conducting a CHA are listed below in the general order they should be accomplished; however, during most of the planning phase, you will need to be working on several steps simultaneously.

Six to Nine Months Before Kick-Off

1. Select coordinator and support staff
2. Develop a Draft Implementation Plan
3. Select a target community
4. Define your target audience
5. Marshall your resources

Three to Six Months Before Kick-Off

6. Select your survey instruments and screening methods
7. Gain support from community leaders
8. Form a Steering Committee
9. Solicit donations of incentive prizes
10. Schedule town meetings and feedback sessions

What follows is a more detailed description of each task in the ten-step planning process.

STEP 1
SELECT COORDINATOR AND SUPPORT STAFF

The success of your Community Health Assessment will depend largely on the strengths of your staff people and volunteers. As a minimum, you will need a coordinator and a secretary who can devote a significant amount of time over a 6-9 month period to plan, organize, and keep records for the program. The coordinator is responsible for overseeing all aspects of the program, including scheduling, survey design, promotion, volunteer recruitment, and Health Risk Appraisal (HRA) analysis. This individual should possess strong organizational and time management skills, and have some background in public relations, survey research, health education, community organization, and public speaking. Above all they should be a "people person". A project secretary is needed to help prepare CHA forms, news releases, and correspondence, as well as to keep accurate financial and participant records and input HRA data on computer. This individual should also possess good organizational skills, and have access to and experience using a computer. It is essential that you have additional staff or volunteers available to help administer the CHA, take blood pressures, and do cholesterol screening. Local health departments, hospitals, visiting nurses, and physician's offices are a good source of help.

STEP 2
DEVELOP A DRAFT IMPLEMENTATION PLAN

The first task of the coordinator is to develop an Implementation Plan. An Implementation Plan is simply a list of what needs to be done, who is responsible to get it done, and the date by which each task needs to be accomplished to ensure successful completion of the Community Health Assessment. A copy of the Implementation Plan should be given to each person who will help organize, publicize, and implement your CHA. The Implementation Plan will help you organize the CHA on schedule and reduces confusion about who is responsible for what. See Appendix C page 44 for a sample Implementation Plan.

STEP 3
SELECT A TARGET COMMUNITY

This Community Health Assessment model is designed to be used in rural or suburban communities with populations of less than 20,000. Such communities often lack the health risk reduction opportunities and facilities that are available in larger cities and towns. A small, self-contained community makes it easier to identify and gain access to decision-makers and community leaders. Networking and communication is less of a problem. It is important to select a community where the leaders and decision-makers see the CHA as a way to help improve the quality of life in their community.

STEP 4
IDENTIFY YOUR TARGET AUDIENCE

Since the database for the CDC Health Risk Appraisal is adults age 18-64, this was the target audience for the HEALTHWORKS! Community Health Assessment. A number of factors will influence how you select your target audience, including which survey instruments you use, the demographic characteristics of your community, and what type of programs you wish to implement after the assessment is completed. A

simple formula can be used to estimate the number of people who will participate in your CHA program. About 65% of the total population will fit into the 18-64 age range. Depending on how well you promote the CHA, you can expect to draw from 5-10 percent of your target population.

EXAMPLE:

Total population: 10,000

Number of people age 18-64 (65%): 6,500

Estimated participation (5-10%): 325-650

STEP 5
MARSHALL YOUR RESOURCES

There are four main areas to consider when budgeting funds for the Community Health Assessment: staff time, printing, postage, and miscellaneous supplies. You may also want to budget for small incentive prizes. This budget assumes that you will not have to rent space for town meetings or feedback sessions and that you have access to a computer for processing of the Health Risk Appraisal portion of the CHA.

Staff time - It is estimated that you will need approximately 400 hours of professional staff time and 300 clerical hours to plan, organize, implement, and analyze the Community Health Assessment. This time would be spread over a six month period, requiring an average of 15 hours per week for professional staff and 12 hours per week for clerical staff. Additional help is needed at the town meetings for blood pressure and cholesterol screening.

Printing - The major expense in this category is for the promotional flyer that is mailed directly to all households in your target community. A three-panel (8-1/2" X 11" paper, folded), typeset brochure on 60# weight color paper with one color ink is both professional-looking and economical. Since you will need large quantities of the brochure, it is wise to shop around to compare printing prices. Expect to pay around $500 for 8,000 - 10,000 brochures. Other printing expenses include CHA forms and instructions, as well as explanatory and educational hand-outs.

Mailing Costs - If you are mailing into every household in your community it is wise to get a bulk mail permit from the Post Office, if your organization doesn't already have one. A bulk mail permit allows you to mail large quantities of the same thing for about half the usual rate; however, it does require that you sort and label the mailing. Talk to the postmaster about what you must do to complete a bulk mailing. Another mailing cost is mailing labels. In most communities there are organizations who

will sell you a mailing list, already on labels, for every household in a given zip code area. Depending on the number of households, this list may cost from $50 - $200. You should also plan for miscellaneous correspondence to steering committee members and potential prize donors.

Miscellaneous Supplies - You will need an ample supply of pencils, paper, envelopes, and folders. You may want to purchase educational literature to give out at the feedback sessions if appropriate materials are not readily available through your organization.

A cost analysis of the HEALTHWORKS! Community Health Assessment is included in Appendix B page 40.

Since the total cost of conducting the Community Health Assessment, excluding staff and volunteer time, is approximately $5 per participant, you may need to consider a variety of funding options:

1. Can your organization afford to absorb the total cost? If not, you may consider requiring participants to pay all or part of the cost. Keep in mind that charging a fee may cut down on participation.

2. Consider asking local businesses and/or community agencies to help offset the costs by making a cash donation. There may be local trust funds or community chest funds set aside for this type of service.

3. Explore sources of government and private grants.

STEP 6 SELECT YOUR SURVEY INSTRUMENTS AND SCREENING METHODS

There are a number of good health risk appraisal questionnaires available to measure the personal health practices of adults; however, there are few if any questionnaires available to measure health knowledge, attitudes, and opinions of adult populations. You may decide to use the Knowledge and Opinion survey developed for the HEALTHWORKS! program, or develop your own. Factors to consider in selecting survey instruments include cost, amount of staff time available for training and/or research and development, ease of administration, reading/education level of your target audience, and the goals of your program. We used the Health Risk Appraisal (HRA) available from the Centers for Disease Control because it is short, easy to complete, inexpensive to administer, well-validated and reliable. Since this HRA is no longer available from the CDC, we recommend that you use the HRA described in the box on page 9.

For a mass cholesterol screening such as this, the best approach is the finger-prick method. Pharmaceutical companies will frequently lease the necessary equipment; however, your organization must have people

THE "HEALTHIER PEOPLE" HEALTH RISK APPRAISAL

"Healthier People" is a new public domain health risk appraisal (HRA) computer program developed through the Carter Center of Emory University. It is an updated version of the HRA software originally available through the Centers for Disease Control (CDC) and is the result of a two-year collaborative effort among the Carter Center, CDC, and several major health agencies. As of January 1992, the purchase price for the "Healthier People" software and instruction was $295.

The "Healthier People" software, supporting information, and technical assistance on how to use the program are available by writing or calling:

Computer Outfitters
4633 East Broadway
Tucson, Arizona 85711
Phone: 1-800-443-0599

The "Healthier People" questionnaire and sample participant print-out are included in Appendix I.

trained to conduct cholesterol screening. In some states you must be certified by the state health department to offer this service. If your organization does not have the capability to conduct cholesterol screening, we suggest that you contact local hospitals, labs, or your American Heart Association to request assistance. In Pennsylvania, cholesterol screening activities must be in compliance with the Clinical Laboratories Act, and should be conducted according to guidelines established by the Cardiovascular Risk Reduction Program of the Pennsylvania Department of Health. Contact your state health department for information on the laws and standards in your state. See Appendix J for legal criteria and guidelines for conducting cholesterol screening in Pennsylvania.

STEP 7 GAIN SUPPORT FROM COMMUNITY LEADERS

It is essential to gain support from church, school, business, government, media, civic and social leaders in your target community. If you don't know who these people are, the local Chamber of Commerce is a good place to start. There are two questions you should ask:

1. Who are the most influential people in this community? In a small community one or two influential people can make or break your efforts.

2. How can I gain access to these people? The Chamber of Commerce often keeps information on various groups that meet on a regular basis. The Chamber will also have mailing lists of their members, many of which are key people in the community. Groups you may look for include a clergy council, service clubs like Jaycees, Lions, Exchange Club, Junior Women, etc., as well as special committees of the Chamber of Commerce.

After you have identified the "movers and shakers" in your community, arrange to meet with them individually or in small groups to explain the purpose of the CHA, the expected results, and ways they can participate and help make the program a success. See Appendix D pages 51 for a sample letter sent to health care professionals inviting them to a meeting to explain the CHA.

STEP 8
FORM A STEERING COMMITTEE

Those community leaders who show interest and enthusiasm for the CHA should be invited to serve on a steering committee. Ideally, the steering committee should consist of 7-15 people representing each of the main sectors of the community - business, health care, church, school, media, government, as well as social and service clubs.

The primary function of the steering committee is to help promote the Community Health Assessment as a worthwhile program in which to participate. Each member of the committee has a significant "sphere of influence", that is, a wide range of people with whom they communicate on a regular basis; including church congregations, employee groups, club members, patients, and in the case of the media and government representatives, the general public. Information about the CHA can be shared in church bulletins, in newsletters, on paychecks, and by word-of-mouth. Media and business representatives may be willing to help by writing news releases, helping design promotional materials, etc. Promotion and endorsement by respected members of the community can significantly influence participation.

The steering committee can also provide technical assistance and advice during the planning and implementation phases of the Community Health Assessment. They can help you choose the best days of the week, the best times of day, and the best locations to conduct the CHA and feedback presentations. They can help you find meeting areas, often within their own facilities. The health care professionals on your committee may be willing to provide services such as blood pressure and cholesterol screening free of charge or at reduced cost. If not, they can direct you to other low-cost sources of help. Steering committee members can help coordinate town meetings and assist participants as they fill out the CHA forms.

Finally, the steering committee can help plan future health promotion programs based on the needs and interests identified by the Community Health Assessment.

STEP 9
SOLICIT DONATION OF INCENTIVE PRIZES

The number of people who participate in your Community Health Assessment depends on the number of strategies you use to motivate participation. As mentioned earlier, endorsement by community leaders is very important. Promotion through the newspaper, newsletters, radio, television, and direct mail is discussed in detail in Section II on Publicity. In addition to these methods, you may want to offer prizes as incentives

to participate. These "prizes" may include free literature, a piece of fruit, or a small gift such as a key-chain, a button, a refrigerator magnet, a pen or pencil, etc., given to everyone who participates; or you may want to solicit larger prizes from local businesses and hold prize drawings one or more times at each town meeting. Larger prizes may include sports clothing or equipment, gift certificates, theater tickets, cookbooks, health/ fitness club memberships, a hotel get-away weekend, a sports watch, a pedometer, or a clock radio.

Incentive prizes will help you in program promotion, public support, and participation. If you have included members of the business community on your steering committee, they will support your program by donating prizes. With the support and endorsement of the local Chamber of Commerce, most businesses will want to be associated with the program. Prize solicitation does require planning in advance so that solicitation letters can be sent out, follow-up phone calls can be made, and information on prizes can be included in promotional material. A sample solicitation letter is included in Appendix D page 52.

The Community Health Assessment should be promoted as an opportunity to "know your health status". Because the issue of cholesterol ("Do you know your number?") has received so much media attention in the past few years, many people are intensely interested in their cholesterol level. The availability of cholesterol screening and counseling should be featured prominently in your promotional materials, as should incentive prizes. All promotional messages should focus on the benefit of the CHA to the participant.

STEP 10 SCHEDULE TOWN MEETINGS AND FEEDBACK SESSIONS

With the help of your steering committee, you should select the best days, times, and locations for maximum participation. It will help to take the following things into consideration:

The season - In a small rural community, late spring, summer, and early fall should be avoided, since many of your potential participants will be busy with planting and harvesting; summer is not typically a good time to introduce new programs.

The weather - While a major snow storm can seriously reduce participation, late fall and winter seem to be a good time to offer programs. Right after the New Year, when everyone is trying to carry out their resolutions may be the best time for health-related programs.

Standing meetings - Avoid scheduling your town meetings on the same day as other important events, regularly scheduled meetings, or church services; except in cases where the CHA can be incorporated into the meeting. Ask your steering

committee for information on other activities going on in the community.

Facilities - For town meetings and feedback sessions look for meeting space that is centrally located, easily accessed, and rent-free. School gymnasiums, church fellowship halls, and bank community rooms are available in many communities. The room should be large enough to accommodate up to 200 people seated at tables.

Most of your CHA presentations should take place on weekdays in the evening. Some churches may be interested in offering the CHA after morning worship on Sunday; if you decide to include worksites as part of your target audience you may be able to schedule daytime meetings.

Your CHA campaign should have a beginning and an end. After all of your advanced planning and promotion, the actual beginning of the campaign is the first town meeting presentation where the CHA is administered. Set a deadline so that your last CHA presentation takes place no later than 4 weeks from the first town meeting. This will give civic and social groups ample time to put the CHA presentation on their program schedule, and allow you to put closure on the program so you can move on to other projects. Keep in mind that you will also be conducting feedback sessions; however, the CHA presentations and subsequent feedback sessions may overlap.

PUBLICITY

PUBLICITY

RECOMMENDED PROMOTIONAL STRATEGIES

As mentioned earlier, the number of people who participate in your Community Health Assessment will depend on the number of strategies you use to motivate participation. If you were successful in gaining the support and commitment of community leaders, you will notice a growing interest in the program even before it is publicized. In a small town, word-of-mouth is the most powerful public relations tool available. Saturating your community with information about the assessment will virtually guarantee that your message will reach your target audience.

Recommended promotional strategies are described below:

DIRECT MAIL TO GROUPS

Civic and social groups such as Lions Clubs, Jaycees, Junior Women, and Auxiliaries can be invited to schedule the Community Health Assessment as their next program (see Appendix D page 54 for a sample letter). Church groups may also be interested. Along with a letter, you can include a fact sheet or flyer with details about the CHA program, sponsors, and possible dates for a presentation. A similar letter and fact sheet should be sent to employers, encouraging them to include information about the CHA in their company newsletter and on personnel bulletin boards. Keep in mind that publicity through churches and worksites may attract participants who are not residents in your target community. Try to schedule a kick-off town meeting with a major group such as the Chamber of Commerce.

DIRECT MAIL, RESIDENTIAL

A flyer describing the program, prizes, benefits to the participant, as well as dates, times, and locations of town meetings should be sent to every household in your community. The flyer should be eye-catching and simple, including only the most essential information. Be sure to have 1,000 or more extra copies printed for distribution through churches, banks, grocery stores, etc. As mentioned earlier, in most communities there are mailing services or other organizations who can provide a mailing list for every household in your community. If not, you may need to develop your own mailing list using the telephone book or city directory for your community. The HEALTHWORKS! flyer was an 8½" x 11" pamphlet folded to legal size with a bulk mail permit number and return address printed on one outside panel. See Appendix E page 57.

NEWS CONFERENCE

Invite the media (TV, radio, newspaper) to hear about the CHA. Provide them with a news release, promotional flyer, and sample CHA forms. Display any educational literature and incentive prizes that will be provided to participants. Consider including a healthy cooking demonstration, or some other interesting "photo opportunity". You should also invite community leaders to the news conference; one or more of these leaders should be asked to say a few words of endorsement. If possible,

schedule your news conference in conjunction with your kick-off town meeting.

NEWS ARTICLES

After the news conference, reminders about the CHA should be included each week in the local newspaper until the end of program. Successive articles can include information on the number of participants to date and highlights of over-all results. You can continue to encourage participation and publicize additional town meetings. Follow-up articles help to maintain momentum and keep interest and enthusiasm high. The final CHA article should include highlights of the results.

PUBLIC SERVICE ANNOUNCEMENTS

If your community has a television and/or radio station, provide them with short public service announcements promoting upcoming town meetings. Keep in mind that most radio and TV stations will reach a broader audience than just your target community.

TALK SHOWS

Many TV and radio stations have talk shows that focus on community events such as the CHA. You can usually call and schedule an interview with the station.

NEWSLETTERS

Many organizations publish monthly newsletters that reach a large number of the people in your community. Contact the Chamber of Commerce, employers, churches, and others to discuss the possibility of including information on the CHA in their newsletter. Keep in mind that information must be provided well in advance.

Sample media materials are included in Appendix F.

PROGRAM IMPLEMENTATION

PROGRAM IMPLEMENTATION

PREPARATION

The Program Coordinator should prepare a presentation outline which highlights the purpose of the Community Health Assessment, how to complete the survey forms, and when and where to go for feedback sessions. The presentation outline will be especially important if more than one person will be conducting the town meetings. This outline should resemble a lesson plan, listing key points and supplies needed (See Appendix G page 75). All supplies, including the CHA form packet, pencils, record cards, etc. should be assembled in boxes and taken in ample supply to town meetings.

COORDINATION

The Program Coordinator will need to arrange for staff and volunteers to help at each town meeting. The best approach is to have a master schedule which lists the dates, times, locations, and expected number of participants for each presentation as it is scheduled; staff and volunteer assignments can also be recorded on the master schedule (A sample master meeting schedule is included in Appendix C page 45). Depending on the expected number of participants, you will need 1-4 people taking blood pressures and 2-6 people involved in cholesterol screening, in addition to the program presenter and a helper.

ORIENTATION AND TRAINING

Staff and volunteers should be kept informed of plans for the CHA as they unfold. This can be accomplished through regular meetings and distribution of the implementation plan. Standardized procedures for the blood pressure and cholesterol screenings should be discussed and practiced with anyone who will be involved in taking these measurements. Training should include how to explain results and recommend steps for improvement to participants, as well as when and where to refer those with abnormal results.

In most states, guidance and/or training in how to conduct cholesterol and blood pressure screening is available through your local or state health department and/or the American Heart Association. In Pennsylvania contact:

Cardiovascular Risk Reduction
Pennsylvania Department of Health
PO Box 90
Harrisburg, PA 17108
(717) 787-7073

-or-

American Heart Association
Pennsylvania Affiliate
PO Box 8835
Camp Hill, PA 17011-8835
(717) 975-4800

TIMING

The time needed to complete one CHA session can range from 45 minutes to 3 hours, depending on the number of participants, the availability of staff and volunteers, and the capabilities of the cholesterol machine(s) used. If your program is being conducted as open town meetings with no appointment necessary, you should plan for enough staff and equipment to accommodate up to 200 people in 3 hours or less.

ROOM ARRANGEMENT

The CHA can be conducted in one large room (such as a gymnasium or auditorium), or in a series of smaller rooms. While a large room may be somewhat noisy and lack privacy, it may be preferable to small rooms if you don't know how many participants you will have. Regardless of the facilities, you should arrange for four stations. The first station should be set up with enough tables and chairs to accommodate up to 200 people. This station will be used for a brief presentation about the assessment and for completing forms. Two stations should be set up with a table, several chairs, and a waiting area for the cholesterol and blood pressure screening. The final station can include a table and a few chairs, along with a box for filing completed CHA's.

PROCEDURE:

STEP 1 PRESENTATION

Participants should be greeted and invited to sit down for a brief presentation. Your presentation should include an explanation of who you are, the organization you represent, the purpose of the Community Health Assessment, what participants can expect to gain from the CHA, and when and where results will be available. It is important to assure participants that their individual results will remain confidential; that is, they will not be shown to, or discussed with anyone but the participant. One way to improve confidentiality is to identify all forms and print-outs by a code number rather than the participant's name. The code number may be pre-assigned by you, or you may instruct participants to use a portion of their social security number. Finally, describe the steps you want participants to follow for completing the forms, moving to screening stations, turning in their forms, and receiving their final instructions before leaving. At this point in your presentation, CHA forms and pencils can be passed out to participants.

STEP 2 COMPLETION OF FORMS

Because completing the CHA is a new experience for many people, it is important to state instructions for completing the forms clearly, both verbally and in writing. Be sure to emphasize the importance of responding to all questions, and remind the participants to put their code number on each form, including the coupon they must bring back with them to receive their results confidentially. Be sure to have a back-up list of individual names and code numbers in the event that participants forget to bring their coupon with them to the feedback session. If you plan to offer health promotion programs, or want to follow-up with CHA participants, you may want to ask each person to complete a file card. (CHA written

instructions and forms used in the HEALTHWORKS! Model Project are included in Appendix G page 76.)

STEP 3 SCREENING

While participants are completing CHA forms, you can direct several at a time to the cholesterol or blood pressure screening tables; be sure to remind participants to record their blood pressure and cholesterol numbers on the CHA forms. Screening staff and volunteers should be prepared to explain results briefly and provide counseling and referral. Give participants a written record of their screening results.

STEP 4 FORM CHECK AND FINAL INSTRUCTIONS

The final step of the CHA meeting is an exit interview during which a member of your staff checks CHA forms to be sure each item has been filled out completely and accurately. Give participants a schedule of the feedback sessions they can attend to receive their results. Participants should also be reminded to keep their coupon and bring it with them to the feedback session.

A sample hand-out listing "Healthy Lifestyle" feedback sessions conducted through HEALTHWORKS! is included in Appendix H page 85.

PLANNING FOR FEEDBACK SESSIONS

If possible, make arrangements for feedback sessions prior to your first town meeting so that participants can be given the dates, times, and locations before leaving the town meeting. Feedback sessions should be scheduled to take place 2-3 weeks after each town meeting, giving you and your staff enough time to process the results, but not so much time that participants lose interest or forget about the CHA. It is helpful to develop a master meeting schedule (similar to the CHA meeting schedule) which lists the dates, times, locations, and staff assigned to each feedback session. The program coordinator will need to develop a presentation outline (Appendix H page 88). If possible, a follow-up reminder to attend feedback session should be sent to participants (see Appendix H page 89).

MATERIALS

Materials needed for feedback sessions include the individual Health Risk Appraisal print-outs for each participant, a written explanation of the results, a back-up list of participant names and code numbers, a supply of interest surveys (if you plan to follow-up with health promotion programs) and/or behavioral contracts for participants to complete, and a variety of literature related to high blood pressure, cholesterol, weight control, nutrition, exercise, seat-belt use, etc. A sample HRA print-out (page 90), explanatory hand-out (page 92), interest survey (page 94), and behavioral contract (page 96 have been included in Appendix H.

FEEDBACK SESSION

Print-outs can be arranged in numerical order (by code numbers) and laid out on a table for participants to pick up as they enter the room, or kept in a file box with a staff person there to search through them using the participant's code coupon. Participants can be instructed to pick up the hand-outs as they come in; this will give them something to look at while latecomers receive their results. When all participants have received their results, offer a brief general explanation of the meaning of the results, using the explanatory hand-out as your guide.

MOTIVATING CHANGES IN HEALTH BEHAVIOR

The feedback session provides a perfect opportunity for participants to make a commitment to stop smoking, lose weight, change their eating habits, or begin an exercise program. You can facilitate this process by urging participants to complete and sign a behavioral contract (Appendix H page 96). We recommend that you collect these contracts, then send each participant a copy of their contract with a letter of encouragement in 4-6 weeks. If you are planning to sponsor health promotion programs or activities, participants should be asked to complete an interest survey (Appendix I page 94). The interest survey can help guide your decisions regarding the type of programs to offer; it can also be used to recruit program volunteers. If you have already scheduled health promotion programs, be sure to share this information with participants during the feedback session. You may also want to research in advance health activities sponsored by other organizations and distribute a list of upcoming programs to participants.

FUTURE FOLLOW-UP

Even if you do not have the resources to sponsor health promotion programs, you should plan to follow-up with participants through letters of encouragement (4-6 weeks after feedback session) and a survey (6 months after) to determine if they have followed through on any commitment they made using the behavioral contract.

HEALTH WORKS!

MODEL COMMUNITY PROJECT

APPENDICES

HEALTH WORKS!

MODEL COMMUNITY

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APPENDIX A

HEALTHWORKS! Program Summary and Description of North East, PA

Preface

The Community Health Assessment was the first of many health promotion interventions and activities conducted as part of a two-year model community-based health promotion program in Erie County, Pennsylvania. This appendix contains a summary of the interventions that were planned, a description of the target community (North East, PA), and an explanation of why this community was selected for the project.

MODEL COMMUNITY-BASED HEALTH PROMOTION PROGRAM
North East, Pennsylvania
October 1988 - September 1990
MANAGEMENT SUMMARY

PROPOSED EFFORT

We will attempt to help people in North East reduce their risks for heart disease and cancer by creating an environment conducive to learning about and participate in positive health practices. In so doing, we expect to create a model program which can be replicated in small towns across Pennsylvania and throughout the nation. Our emphasis will be on reduction of the health risks associated with smoking, physical inactivity, obesity, and improper nutrition.

The primary audience for this program includes all North East residents over the age of 18; specific groups targeted for interventions include school and community leaders, adults who smoke, are overweight, need to exercise more, church and social groups, employers, and the community-at-large. We expect to impact on at least 50 percent of the total adult population of North East.

SERVICES TO BE PROVIDED

1. Community Health Risk Assessment - to include measures of knowledge, attitudes, and practices as they relate to smoking, exercise, nutrition, and weight control.

2. Community Development Activities - to include counseling, consultation, presentations, training, and guidance to community leaders (church, school, government, business, civic, and social).

3. Public Awareness Activities - to include a news conference, monthly newspaper articles, mass distribution of a quarterly newsletter, mass distribution of health pamphlets, and coordination of a day-long health fair.

4. Smoking Intervention Activities - to include a Quit and Win Campaign, a Freedom from Smoking clinic, two self-help opportunities, formation of a support group, and worksite smoking policy consultations.

5. Weight Control Intervention Activities - to include a Weight Loss Competition, a traditional weight management class, formation of a support group and/or referral into the local TOPS club.

6. Exercise Intervention Activities - to include "Getting Fit Your Way" presentations, organizing a "Fitness Challenge", and formation of at least one support group.

7. Nutrition Awareness Activities - to include a supermarket shelf marker program, coordination of at least one heart healthy cooking class for homemakers, a "Happy Body Bake-Off" recipe contest, and consultation with restaurants regarding healthy menu selections.

8. Cholesterol Screening and Education Activities - to include coordination of cholesterol screening in conjunction with the community health assessment and an eight-week Cholesterol Count-Down program.

9. Evaluation, Feedback, and Reporting Activities - to include measures of effort, process, outcome, and impact, pre/post-testing in each major intervention, a post-assessment of community health risks, feedback sessions and counseling for participants, and preparation of evaluation reports.

10. Replication/Continuation Activities - to include development of a procedural manual and written training protocol, pilot testing of manual and protocol, and participating in a statewide training conference in 1990.

SELECTION/ IDFNTIFICATION OF TARGET POPULATION

The target area for this model project is the borough and township of North East, Pennsylvania. North East is a small rural community located in the northeastern corner of Erie County, fifteen miles east of the City of Erie. It is bordered by Lake Erie to the north and New York state on the east.

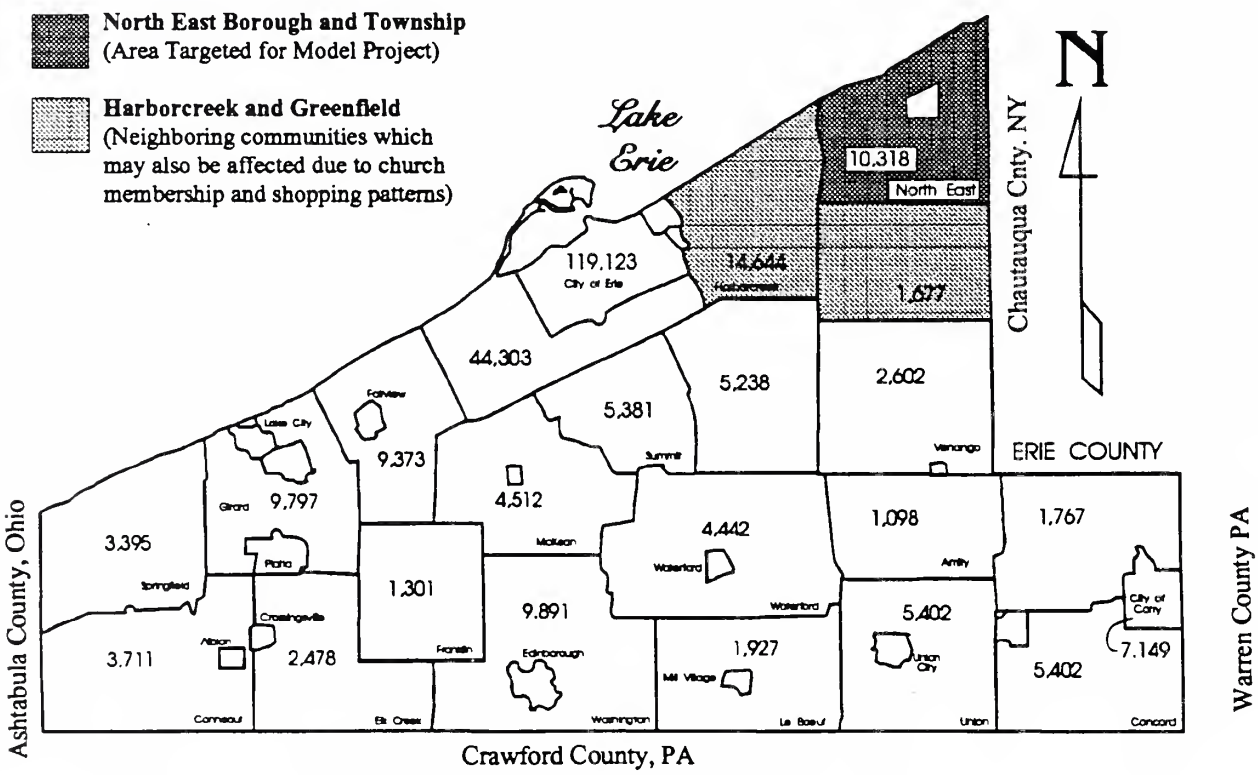
According to 1980 census data, 10,318 people live in greater North East. Approximately 56% of the residents are age 19 - 61; most of our interventions are targeted to this group. Because of the interdependence between North East and the neighboring communities of Harborcreek (population 14,644), and Greenfield Township (population 1,677), there is great potential for affecting the health awareness and practices of a much larger audience.

As in the rest of Erie County, the non-white population in North East is very small, representing less than one percent of the total population. Most of the non-white population are of Hispanic origin. In the past North East had a sizable migrant population, involved in grape harvesting and other farm work. However, the size of this group has dwindled significantly in recent years.

The median family income in North East is approximately $17,000 per year. Approximately 11% of those who reside in the borough have incomes below the poverty level, compared to less than 4% in North East township, and less than 10% in Erie County as a whole. Approximately 61% of the workforce in North East are involved in manufacturing or sales; a significant portion of the remaining 39% of jobs are farm related.

Figure #1

Map of Erie County



Within North East there is one public school district, two parochial schools, a senior citizen center, ten churches, a public library, two banks, one major grocery store, a health clinic, a home health service, three car dealerships, and several small family restaurants. North East has six companies that employ over 100 people, and approximately 20 organizations with 10 - 99 employee. The largest employer is Welch Foods, with approximately 450 employees.

Table 1

GREATER NORTH EAST DEMOGRAPHIC PROFILE

Race	Number
White	10,243
Black	8
Other	67
Total	10,318
Hispanic Origin	74

Economic and Social Indicators

Income	*Borough*	*Township*
-per capita (mean)	6,611	7,403
-family (median)	19,544	20,449
-household (median)	16, 532	18,080
Poverty		
-persons below	11. 4%	3. 6%
-families below	9.3%	2.4%
Education		
-high school graduate	72.7%	75%
-college graduate	16.8%	9. 8%
Labor Force		
-service	8.5%	8.5%
-retail / wholesale	17.3%	22.3%
-manufacturing	42.0%	39.1%
-all other	32.2%	30.1%
-unemployment	5.9%	6.6%

Age Distribution	*Under 5*	*6 -18*	*19-61*	*62+*	*Total*
Number	882	2,368	5,742	1,326	10,318
Percent of Total	8.5%	23%	55.5%	13%	100%

Sources:

PA State Data Center, Census of Population and Housing, 1980

North East Regional Comprehensive Plan Update, September 1982.

North East Borough Central Business District Market Analysis, North East Past, Present, and Future, Inc., June 1985; January 1986.

Why did we select North East as our target population?

The intent of our project is to test several assumptions about what it takes to significantly reduce health risks in a given population. If our assumptions are correct, then the proposed program could easily be replicated in any of the more than 50 rural communities in Pennsylvania which are similar in size and composition to North East. These assumptions are listed in Table 2.

Because of its size and location, North East lacks some of the health risk reduction opportunities and facilities that are available in larger communities. See Table 3 for a summary of behavioral risk reduction programs which have been provided in North East in the past year.

North East is a close-knit, family-oriented community which prides itself in being both progressive and independent. We believe that this unique combination of family values, community loyalty, volunteer spirit, and progressive attitudes, as well as the existing relationship between North East and the Erie County Department of Health will ensure the success of this program in terms of measurable results and continuation beyond the two-year grant period, providing the best possible model of the good things that can happen when a community mobilizes to promote health and prevent disease.

TABLE 2

ASSUMPTIONS ABOUT HEALTH RISK REDUCTION AND SMALL TOWNS

1. Health practices in adults are very difficult to change without also changing the environment that promoted them in the first place; They are acquired in the presence of and accompanied by certain personal, family, and social values, beliefs, and attitudes; therefore, in order to change health practices you must create a climate in which positive health attitudes and practices are valued and rewarded.
2. Most people want to be healthy, they just lack the knowledge, skills, opportunities, and environmental / social support needed to acquire and maintain positive health practices.
3. Small rural communities possess characteristics which make them especially amenable to health risk reduction efforts, including:

- self-reliance: small town people are used to thinking "if you want something done, you've got to do it yourself". They don't always have access to government programs and services; Self reliance and self-responsibility go hand in hand.

- family and church as primary social unit: small-town family and religious values tend to support health risk reduction goals.

- volunteer spirit: important aspect of being self-reliant.

- community pride: a small town is in essence an extended family for many people; residents of small towns take ownership in and responsibility for what goes on "at home."

TABLE 3

SUMMARY OF RISK REDUCTION PROGRAMS PROVIDED IN NORTHEAST DURING THE PAST YEAR

SMOKING CESSATION: NONE

NUTRITION: NONE

WEIGHT CONTROL: T.0.P.S. support group meets monthly in bank community room.

EXERCISE:

1. Ongoing Aerobic Dance programs provided by Eastside YMCA and another local service provider; each meet two times per week for 6-8 weeks per year.

2. Fitness Focus 55+ peer-led exercise programs for older adults meet three times a week, 36 weeks per year.

3. Eastside YMCA and NE Runners Club sponsor a fifteen kilometer footrace in the spring and a ten kilometer footrace during the Cherry Festival in July.

4. North East has a pool available for community swimming three nights a week.

CHOLESTEROL SCREENING AND EDUCATION: Hamot Medical Center in cooperation with Senior Citizens Health Care Program provided a one-day cholesterol screening and counseling program; no follow-up was done.

HEALTH WORKS!

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APPENDIX B

The Health Risk Appraisal Program Conducted in North East, Pennsylvania - January to February 1989

Description
CHA Report
Cost Analysis

COMMUNITY HEALTH ASSESSMENT
NORTH EAST, PENNSYLVANIA
January - February 1989

PURPOSE

1. To gather baseline data on the health risk-related knowledge, opinions, and practices of a sample of at least 500 North East residents age 18-65.

2. To help North East residents gain an awareness of their own health risks and how these risks impact on their current and future health status.

DESCRIPTION

During January and February of 1989 the HEALTHWORKS! Health Risk Reduction program conducted a Community Health Assessment (CHA) designed to gather information on the health knowledge, opinions, and practices of residents of North East, Pennsylvania. North East is a small rural community located in the northeastern corner of Erie County, fifteen miles east of the City of Erie, population 10,400. The target group for the CHA was adults age 18-65; approximately 6,500 North East residents are in this group.

PROGRAM SUMMARY

The Community Health Assessment conducted in North East, PA, consisted of:

1. A Health Risk Appraisal (HRA) CDC version 2.1A 10/84.

2. A health knowledge and opinion questionnaire.

3. Health screenings (measurement of height, weight, cholesterol, and blood pressure) See Appendix G for copies of the HRA form and questionnaire used in this program.

Before promoting the Community Health Assessment, time was spent developing and testing the survey questionnaire and instructional materials. Time was also spent meeting with local church leaders, health care professionals, and business leaders to gain support for the program and determine the best ways to promote the assessment.

A campaign to promote participation in the Community Health Assessment was kicked-off with a news conference, a special presentation at the annual meeting of the Chamber of Commerce, and advanced publicity in the local weekly newspaper. Every household (3,731) in North East received a flyer inviting them to participate in the Community Health Assessment by coming to a town meeting or calling to ask that the assessment be sent to them. In addition, social clubs and civic organizations were offered a presentation which included the opportunity to complete the Community Health Assessment.

The Community Health Assessment was administered during three open "town meetings" and eight group presentations conducted for church/social

groups and North East School District employees. During these presentations, project staff explained the purpose of the CHA, how to complete the survey forms, and when and where participants could go to get back their results. Blood pressure screening was provided by project staff, the community nursing service, and two volunteers. Cholesterol screening was provided by staff from a local hospital at a cost of $4 per person.

Participants were then invited to attend one of eleven feedback sessions to receive the results of their personal Health Risk Appraisal (HRA) and a variety of health-related literature. Feedback sessions were conducted by project staff, and included an explanation of the health risk appraisal results and how these risks are related to current and future health. Participants were also invited to complete an interest survey.

BENEFITS, OUTCOME, RESULTS

A total of 725 people, representing eleven percent of the target population in North East, completed the Community Health Assessment (CHA).

Composite results of the CHA provided the basis for planning health risk reduction interventions that would meet the needs of North East residents. See Community Health Assessment Report and Interest Survey Summary on pages 36-37.

North East residents gained a better understanding of their own health.

The CHA helped motivate many people to begin to make changes in their health risks by participating in the interventions which followed.

The CHA gave North East residents the opportunity to meet project staff, as well as other people who shared their interest in better health.

The CHA and feedback sessions gave project staff the opportunity to recruit volunteers to help with other interventions being planned for North East.

FOLLOW-UP

A "program participation record" was maintained on index cards and on computer file for each HEALTHWORKS! program participant. The record included name, address, telephone, and social security number, and indicates participation in the CHA as well as subsequent health promotion programs.

PROGRAM STAFF

A staff of five, including 3 health education specialists and two secretaries, plus several community volunteers were involved in the planning, promotion, and implementation of the North East Community Health Assessment.

It is estimated that a total of 626 professional and 344 clerical staff hours were spent to plan, organize, implement, and analyze the Community Health Assessment done in North East. We estimate that close to one-half of this time was devoted to program planning and resource development. Anyone wishing to

replicate this intervention should be able to expend fewer staff hours by using this manual and sample printed materials. In addition, there were over 150 volunteer hours provided, primarily to do blood pressure and cholesterol screening. The chart below summarizes time spent in each major program activity.

MATERIALS

Printed materials used include a promotional flyer; the CHA presentation packet (introductory letter, instruction sheet, HRA form, Knowledge and Attitude survey form, and code number reminder slip), CHA results, a written explanation, plus hand-outs and pamphlets on various health topics. Most of the pamphlets were gathered at little or no cost from the Pennsylvania Department of Health and various health agencies. The HRA form was photocopied using an original supplied by the CDC. All other printed materials were developed, typed, and photocopied or printed by project staff, and/or a professional print shop using budgeted funds. Support materials needed include pencils, mailing labels, envelopes, and cholesterol screening supplies.

FACILITIES

The first CHA meeting was conducted in the banquet hall of a local restaurant, in conjunction with the annual meeting of the Chamber of Commerce; CHA "town meetings" were held in the gymnasium of a local parochial school; feedback sessions were held in the community room of a bank and in a church multipurpose room.

BUDGET

Excluding the cost of staff and volunteer time and travel, the cost of conducting the Community Health Assessment in North East was $3,621. (Money collected for cholesterol screening has been subtracted from this figure.) There were 725 CHA's processed; therefore, the average cost per participant, excluding staff time, was $5. Expenses included postage, printing of flyers, forms, and handouts, and support materials such as pencils, mailing labels, cholesterol screening supplies, and educational literature.

Program Activity	*Professional Hours*	*Clerical Hours*	*Volunteer Hours*
Advanced Planning - Including development, pre-testing, and revision of survey instruments, program materials and record-keeping system; preparation of presentation outline(s); selection of dates, times, and locations; identification & recruitment of screening technicians and volunteers	460	184	12
Publicity - Including development of mailing lists; design and distribution of promotional flyer; preparation of news releases and press kit; planning for news conference	38	15	7
Implementation - Includes conducting town meetings, analyzing data, providing feed-back sessions, and preparing summary report	128	145	134
Totals	626	344	153

HEALTHWORKS! COMMUNITY HEALTH ASSESSMENT REPORT
NORTH EAST, PA
March 15, 1989

Description

During the month of January and February 1989, the HEALTHWORKS! staff gathered information on the health knowledge, opinion, and behaviors of (709) North East residents. Sixty-five percent (65%) of the respondents were female. The predominant age range for both males and females was 35 to 54. More than one-half of the assessment group (57%) reported some college or had attained a college degree.

Findings

The results will be presented in two parts. Part One will include the results of the Health Risk Appraisal and Part Two will discuss the trends associated with the results of the Health Knowledge and Opinion Questionnaire.

The results of the computerized health risk appraisal indicate a lack of seat belt use and overweight as the two highest health risk behavior categories. Forty percent (40%) of the respondents indicate they did not wear their seat belts at least 75% of the time, while thirty-five percent (35%) report being 20% or more overweight. Twelve percent (12%) of those surveyed smoke and get little or no physical activity. Given an optimal wellness score of 100, the North East population scored above average with an 83.5 wellness score.

Given the results of the health knowledge questions, North East residents seem to have an above average knowledge of health-related issues regarding smoking, exercise, heart risk, and weight control.

Eighty-nine percent (89%) of those participating in the assessment program correctly answered the health knowledge questions. Ninety-eight percent (98%) of the respondents knew being overweight can increase their chances of having heart disease, diabetes, and high blood pressure - Question 5. The question with the lowest percentage of correct responses was Question 9, having to do with smoking being the number one cause of preventable death. While only seventy-seven percent (77%) of the respondents answered Question 9 correctly, an additional thirteen percent (13%) indicated not knowing the correct answer to the question.

HEALTHWORKS! Community Health Assessment Report
Page 2
March 15, 1989

In reviewing the opinion questions, most respondents (88%) were aware of the two best ways to lose weight, knew which substances to reduce in diet to lower blood cholesterol and control blood pressure (74%).

Fewer assessment participants knew how many days per week (69%) and how many minutes per exercise session (48%) it takes to strengthen their heart and lungs.

The results of our assessment indicate that among those who responded, a strong family and social support network exists. Sixty-one percent (61%) of those who participated indicated they received positive feedback from family and friends to their efforts to lose weight, get regular exercise, eat and prepare low fat foods.

INTEREST SURVEY SUMMARY

130 North East residents responded to the interest survey. Of those 130 respondents, 87 said they would like to receive literature about Healthy Eating - the largest interest generator of all the topics, closely followed by 85 people interested in receiving information about Weight Control topics.

People didn't respond as well in the areas of attending seminars. The area that received the biggest response was, again, Healthy Eating, but the response to attending a seminar was 14 less than to the receiving of literature; which seems to indicate that people would prefer to read what they want, rather than sit through an entire lecture.

In the area of involvement, the Walking Club generated the biggest response with 93 people indicating interest in participating. The second highest interest was in Physical Fitness/Exercise, with 85 people interested in participating.

Overall, the interest in receiving literature was higher than that of the other two options. I would rate the responses as such; 1. Receiving Literature, 2. Get Involved, 3. Attend Seminars.

COMMUNITY HEALTH ASSESSMENT

COST ANALYSIS

EXPENSES

Direct Labor and Fringes

Professional - 626 hours x $20/hr.	$12,520	
Clerical - 344 hours x $12/hr.	4,128	
Volunteer - 150 hrs X $15/hr (estimated value)	2,250	
Total		$ 18,898
Travel		150

Materials/Supplies

Pencils	20	
Mailing Labels	65	
Wellness Booklets	400	
Misc. (Folders, etc.)	20	
Lancets, etc. for Chol. Screening ($4 x 554)	2,214	
Total		2,719
Postage		1,000

Photocopy/Printing

Promotional Flyer	465	
Participant Cards	40	
CHA Forms (1,000 x 4 pages)	200	
Hand-Outs for Feedback Sessions	75	
Total		780

REVENUE

$2 Collected from each Chol. Screening Participant 878

NET EXPENSES $22,669

NET EXPENSES MINUS STAFF EXPENSES (Labor, Fringes, Travel) 3,621

NUMBER OF PARTICIPANTS (Unduplicated) 725

AVERAGE COST PER PARTICIPANT *(excluding staff)* $5

HEALTH WORKS!

MODEL COMMUNITY

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APPENDIX C

Sample Program Management Tools

Timetable
Implementation Plan
Staff Instructions

Activities And Timetable For Conducting A Community Health Assessment

Time	Advance Planning	Publicity	Program Implementation and Follow-Up
6-9 months before kick-off	• Select coordinator and support staff •Develop draft implementation plan •Select target community •Define target audience •Marshal resources		
3-6 months before kick-off	•Select survey instruments and screening methods •Gain support from community leaders •Form a steering committee •Solicit donation of incentive prizes •Schedule town meetings and feedback sessions		
12 weeks before kick-off			•Develop written presentation outline •Recruit and train cholesterol and blood pressure screeners
6 weeks before kick-off		•Prepare a fact sheet •Contact and meet with community leaders •Send letter & fact sheet to potential prize donors •Send letter & fact sheet to civic & social groups	•Gather educational hand-outs to be used for feedback sessions
4 weeks before kick-off		•follow-up phone calls to prize donors •Begin scheduling presentations with civic & social groups •Design direct mail flyer; send to be printed •Select date, time & location for town meetings & news conference	• Confirm dates, times, locations for town meetings; tour sites
3 weeks before kick-off		•Prepare & send invitation to media & community leaders requesting attendance at news conference •Proof-read draft of flyer •Secure time on radio and TV talk shows	• Photocopy or print a supply of all forms, instructions, etc.
1 week before kick-off		•Prepare press kit •Assemble display material •Pick up flyers from the printer •If newspaper is weekly, submit advance article to appear on same day or day after news conference	•Assign staff and volunteers to specific days & times •Gather and box all supplies (forms, pencils, blood pressure equipment, etc.)
1 day before kick-off		•Call media to confirm their attendance at the news conference	•Call to configm site •Double-check supplies
Day of kick-off		•Conduct news conference; display any literature & incentives that will be provided to participants •Conduct first CHA session, in conjunction with Chamber of Commerce annual meeting or similar large community event	•Arrive early at site to arrange room •Rehearse procedures with staff and volunteers
1 day after kick-off		•Prepare & send flyer by direct mail to every household announcing additional town meeting dates •Prepare and send follow-up news article	
1-4 weeks after kidk-off		•Prepare and send weekly reminders and updates to newspapers •Continue to schedule presentations •Submit final article highlighting results of program	•Send thank you letter to screeners, volunteers, and site managers •Conduct remaining town meetings •Process HRAs; summarize knowledge/opinion questionnaires •Conduct feedback session; administer interest survey
4-6 weeks after kick-off			•Generate report on community needs and interests •Plan interventions based on needs and interests •Follow-up letter to participants

HEALTHWORKS!

COMMUNITY HEALTH ASSESSMENT IMPLEMENTATION PLAN

TASK	*WHO*	*BY WHEN*
1. Finalize survey form; letter and written instructions; coupon(s)	W.H.	12-19-88
2. Pilot test CHA (12-19, 12-20, 12-28)	W.H.	12-28-88
3. Draft and send letter and response form to clubs and organizations offering program	J.V.	12-8-88
4. First draft of brochure/coupon (coded)	J.V.	12-8-88
5. Send brochure	J.V./staff	1-16-89
6. Copy and code HRA; KAS; coupon(s)	J.V./W.H.	1-13-89
7. Schedule at least 10 meetings between January 17 and February 7, 1989	J.V./L.M.	1-11-89
8. Prepare presentation	Staff	1-10-89
9. Schedule 10-15 feedback sessions	J.V./L.M.	1-11-89
10. Prepare written protocol for cholesterol testing and counseling	A.W.	1-11-89
11. Prepare written protocol for blood pressure testing and counseling	W.H.	1-11-89
12. Conduct meetings	Staff	2-7-89
13. Hold drawing for prizes; notify winners	J.V./L.M.	2-28-89
14. Analyze individual HRA/give feedback	W.H./Staff	3-15-89

Prepared 1/10/89
Updated 2/1/89

HEALTHWORKS MODEL COMMUNITY PROJECT

Community Health Assessment

Meeting Schedule

Date	*Group*	*Contact/Phone*	*Time*	*Location*	*Est.*	*Act.*	*Staff Assigned*	*Volunteers/Others*
1/17/89	Chamber of Commerce (Annual Meeting)	Lisa Miller - 4262	7:00 pm	South Shore Inn	100	120	J.V.- Presentation A.W. - BPs W.H - BPs	Dr. Allison - Cholesterol J. Pulcifer M.B. Dale
1/18/89	Junior Women's Club	L. Miller - 4262	7:30 pm	South Shore Inn	35	34	J.V. - Presentation/BPs J.D. - BPs	St. Vincents
1/26/89	Exchange Club	R.E. Blystone, - 4597 Home - 3356	6:45 pm Dinner	VFW Vine Street	35		W.H. - Presentation/BPs	St. Vincents
1/23/89	Town Meeting	Project Staff - 8711	7:00 pm	St. Gregory's School 140 W. Main Street	50	110	J.V. - Presentation W.H.- BPs J.D. - BPs	St. Vincents J. Pulcifer
1/31/89	Town Meeting	Project Staff - 8711	7:00 pm	St. Gregory's School 140 W. Main Street	50		J.V. - Presentation W.H.- BPs	St. Vincents J. Schneider
2/5/89	Greenfield Baptist	J. Vogt - 825-8738	12:30 pm	9028 Williams Road	100		J.V. - Presentation J.D. - BPs	St. Vincents
2/6/89	Town Meeting	Project Staff - 8711	7:00 pm	St. Gregory's School 140 W. Main Street	50		A.W. - Presentation W.H.- BPs	St. Vincents W. Beeman
2/16/89	NE School District	M. Wilkinson - 8671	1:30 pm	High School 1901 Freeport Road	100		J.V. - Presentation J.D. - BPs	M. Wilkinson M. Krulle

HEALTHWORKS!

Community Health Assessment
Registration/Explanatory Session

INSTRUCTIONS TO STAFF

1. Collect the money from each participant.

2. Give each participant an HRA form and the Heart Association form.

3. Explain intent of HRA - The health risk appraisal shows how much of an impact health habits have on long-range health. It shows choices you can make to keep good health and avoid the most common causes of death for people your age and sex.

4. Explain that individual results are kept confidential - participants should put their phone number not their name on the HRA form and on the coupon. Coupon must be presented to receive results.

5. Instruct participants to complete info requested on AHA form - name, address, phone, health history etc.

6. Instruct participants to put their phone number only on HRA form and coupon.

7. Explain that every question on the HRA form must be answered unless the instructions indicate otherwise. The questionnaire cannot be processed if you do not complete the items on sex, age, race, height, weight, and smoking status.

8. Inform participants that the cholesterol reading taken today should be entered under item #10 "TOTAL CHOLESTEROL". If they know what their HDL Cholesterol is, they may fill in item #11; otherwise #11 should be left blank.

9. Direct participants to the screening stations - blood pressure, cholesterol, height/weight. Remind them to take their forms to each station and fill in the results at once.

10. Tell participants that there will be prize drawings each hour - they must be present to win.

11. Remind participants to hand in completed forms and get an appointment to receive their HRA report.

For use with "Healthier People" Health Risk Appraisal Program

HEALTHWORKS!

Community Health Assessment

Exit Interview

INSTRUCTIONS TO STAFF

1. Have each participant sign their name and phone number on the back-up form. Fifty on each list for each feedback time.

2. Double-check forms - be sure they have written in their Cholesterol and Blood Pressure results.

3. Put label on coupon indicating date and time to come back for HRA report; clip coupon and give to participant.

4. Remind each participant to bring coupon in order to receive their results, and FREE GIFT.

5. Check AHA form for completeness. Keep separate from HRA forms.

6. Keep HRAs in separate piles according to their return feedback time and date.

For use with "Healthier People" Health Risk Appraisal Program

HEALTHWORKS!

Community Health Assessment

Feedback

INSTRUCTIONS TO STAFF

1. Give participants their print-out and check their name off on the list.

2. Explain risk age and target age to participants. Point out things listed "to improve your risk profile" (lower right) and explain how this relates to target age. Mention that their report shows a list of the 12 leading causes of death for people their age and sex, as well as the modifiable risk factors associated with each (For more information see "User's Guide" hand-out from the Carter Center). Ask participants if they have any questions about their HRA results.

3. Give each participant the "User's Guide" hand-out, a list of resources, and the "Raising Your Wellness Grade" booklet.

4. Give each participant an interest survey - explain that their input will help us plan future programs.

5. When participants hand in their interest survey, give them their choice of either incentive (keychain or apple magnet), invite them to pick up the literature, and thank them for their participation.

6. Be sure to give prizes to those winners who did not pick up their prize during the HRA sessions.

For use with "Healthier People" Health Risk Appraisal Program

HEALTH WORKS!

MODEL COMMUNITY

PROJECT

APPENDIX D

Sample Correspondence

Business Leaders
Health-Care Professionals
Civic and Social Groups

November 23, 1988

Dear Health Care Professional:

The Erie County Department of Health recently received approval to initiate an innovative health risk reduction program for residents of the boro and township of North East. A brief fact sheet on the proposed program is enclosed.

As a local health care provider, your input and support is crucial to the success of this effort. Therefore, we respectfully request your attendance at a brief informative meeting to be held at the Saint Barnabas Retreat and Conference Center, 12430 East Lake Road, on Wednesday, December 14, 1988, at 7:00 p.m. At this meeting you will meet our project staff, who will explain what the program will entail, and how you might be involved. We are sure you will agree that this is a very exciting and highly worthwhile public health program.

If you have any questions about the project, please contact one of the Department's Public Health Educators, Adrienne Wirt (451-6709) or Janet Vogt (825-8738). Please call Mrs. Vogt regarding your attendance at the December 14 meeting.

We look forward to meeting and working with you on this unique community project.

Sincerely,

John Toth
Director

JV:pb
enclosure (1)

R.S.V.P. 825-8738

(See Fact Sheets In Appendix E)

Dear Owner/Manager:

We are writing to ask your support for the HEALTHWORKS! Model Community Project, a two-year program designed to help residents of North East and the surrounding communities develop and maintain good health practices, especially those related to diet, exercise, and tobacco use. The project is being organized by the Erie County Department of Health, in cooperation with the North East Chamber of Commerce, the North East Health Center, and Community Nursing Services of North East.

An important part of the program is a "Know Your Health Status" campaign being planned for early 1989, during which North East residents will be invited to complete a health risk appraisal at one of several town meetings. To encourage participation in this and other events throughout the project, we will need a number of prizes available as incentives. Winners will be drawn at random during the town meetings and throughout the course of the project.

You can help by donating a "healthy" incentive gift to be used in one of our prize drawings. All prize donors will be recognized in publicity.

Attached are a list of suggestions for donations, a prize donor response slip, and a fact sheet on the HEALTHWORKS! Project.

Thank you for your support of this unique community effort. If you have any questions, feel free to call Lisa Miller at 725-4262 or Janet Vogt at 825-8738.

Sincerely,

Lisa Miller	Janet Vogt
Economic Development Manager	Project Coordinator
North East Chamber of Commerce	HEALTHWORKS! Project

JV: pb
enclosures

(See Fact Sheets In Appendix E)

SUGGESTED DONATIONS

- ❑ Healthy Foods/Beverages
- ❑ YMCA Memberships
- ❑ Dinner for Two
- ❑ Smoke Detectors
- ❑ Road Emergency Kits
- ❑ Medical/Dental "Check-ups"
- ❑ Cash Donation
- ❑ Sportswear
- ❑ Gift Certificates
- ❑ Theatre Tickets
- ❑ First Aid Kits
- ❑ Exercise Equipment
- ❑ Any item/or service you feel appropriate

Donated items may be mailed or delivered to HEALTHWORKS!,
41 West Main Street, North East, PA 16428.
Or call (814) 825-8738 if you would like us to pick up.

✂ - - - - - - - - - - - - - - CLIP AND RETURN - - - - - - - - - - - - - - - - - -

HEALTHWORKS!

Prize Donor Response Form

Name of Organization _____ Contact Person _____

Address _____ Telephone _____

Item(s) to be donated _____

_____ Donation enclosed

_____ Donation will be delivered on _____
date and time

Donation can be picked up on _____
date and time

We would ❑ would not ❑ like our name mentioned in publicity.

TO: Club President
Program Chairperson
Church Leaders

FROM: Lisa Miller, Manager
Economic Development
North East Chamber of Commerce

Janet Vogt
HEALTHWORKS! Project Coordinator
Erie County Department of Health

Are you looking for ways to meet the needs and interests of your members and provide a service in your community? If so, we invite you to get involved in the HEALTHWORKS! Model Community Project. HEALTHWORKS! is a special health risk reduction program developed by the Erie County Department of Health in cooperation with the North East Chamber of Commerce and local health care providers. A brief fact sheet on the HEALTHWORKS! program is enclosed.

You and members of your group can get involved in HEALTHWORKS! by taking part in the first and most important event — Community Health Assessment that will take place after the first of the year during January and February. A special program "Know Your Health Status" will be available to groups such as yours. The program will include the opportunity for participants to complete a personal health risk appraisal and have their cholesterol and blood pressure checked. Participants will also be eligible for a special prize drawing in February. For more information about the HEALTHWORKS! Project or the Community Health Assessment, call Janet Vogt at (814) 825-8738 or Lisa Miller at (814) 725-4262.

The "Know Your Health Status" program is explained in greater detail on the back of the HEALTHWORKS! Fact Sheet. To schedule the program for your group, please complete the enclosed form and return to the HEALTHWORKS! Project office at 41 W. Main Street no later than Wednesday, January 11, 1989.

We look forward to working with you on this and future efforts of the HEALTHWORKS! Project. Let's make North East a model community where good health is valued and supported!

JV:wf

(See Fact Sheets In Appendix E)

HEALTH WORKS!

MODEL COMMUNITY

PROJECT

APPENDIX E

Materials Used To Promote and Explain the Program

Brochure
Fact Sheets
Newsletter

Brochure Sample

Outside of Sample

HEALTH WORKS!

A program for people who want to **know** more and **do** more to keep themselves healthy.

The HEALTHWORKS Model Community Project is funded in part by a grant from the Pennsylvania Department of Health.

Robert P. Casey
Governor

N. Mark Richards, M.D.
Secretary of Health

HEALTH WORKS!
Model Community Project
41 West Main Street
North East, PA 16428

BULK RATE
U.S. POSTAGE
PAID
ERIE, PA
Permit No. [illegible]

THIS YEAR DISCOVER A NEW YEAR'S RESOLUTION THAT REALLY WORKS!

HEALTH WORKS!

Inside of Sample

IT'S CALLED HEALTHWORKS!

HEALTHWORKS is a one-of-a-kind program designed to help people learn more about getting and staying healthy. It's an opportunity to discover how your lifestyle may be affecting your health, and steps you can take to live a longer, healthier life.

HEALTHWORKS will help you follow-through on your commitment to stop smoking, lose weight, eat better, exercise more, or just take better care of yourself.

HEALTHWORKS is a two-year model project being planned by and for the North East community with guidance from the Erie County Department of Health.

WE HOPE YOU'LL GET INVOLVED

* Plan now to attend one of the special town meetings during January and February. There you'll have the opportunity to fill out a personal Health Risk Appraisal* (HRA). The HRA will show you how health habits like smoking, eating too much, or not enough of the right foods, and not exercising may be affecting how you feel now and in the future.

* The Health Risk Appraisal takes less than twenty minutes to complete. We'll also check your blood pressure.

*Note: The Health Risk Appraisal is designed for people age 18 to 60. Results may not be accurate for people under 18 or over 60.

TOWN MEETING

You can participate in this free health risk appraisal program by attending a town meeting on just one of the dates listed below. Or call us and we'll send you the Health Risk Appraisal with instructions on how to fill it out.

Dates: Monday, January 23 at 7:00 p.m.
Tuesday, January 31 at 7:00 p.m.
Monday, February 6 at 7:00 p.m.

Place: St. Gregory's School Gymnasium
140 West Main Street
North East

Knowing more about your health risks is the first step toward looking and feeling your best.

* Results of your Health Risk Appraisal will be explained to you during follow-up sessions in February and March.

* Throughout 1989, a number of fun and innovative programs will be offered to help you stop smoking, start exercising, lose weight, and adopt healthier eating habits.

PRIZES! PRIZES! PRIZES!

Good health has its own rewards, but sometimes we need help getting started. As an added incentive, local businesses have donated prizes such as exercise equipment, sports clothing, and theater tickets to be awarded each month during 1989.

Anyone who participates in any program sponsored by HEALTHWORKS will be eligible for the monthly prize drawing. Names will be drawn at random.

You must bring this flyer with you to a town meeting to be eligible for the first prize drawing to be held in February.

FOR MORE INFORMATION

Call: HEALTHWORKS, Erie Office
4718 Lake Pleasant Road
Erie, PA 16504
814/825-8738

HEALTHWORKS, North East Office
41 West Main Street
North East, PA 16428
814/725-8711

North East Area Chamber of Commerce
2 East Main Street
North East, PA 16428
814/725-4262

HEALTHWORKS!
Model Community Project
North East, Pennsylvania

CONTACT: Janet Vogt - 825-8738
Lisa Miller - 725-4262

PURPOSE:

To help the community of North East, Pennsylvania, create a climate that supports its residents in developing and maintaining good health practices, especially those related to tobacco use, diet, and exercise.

WHAT WILL THE PROGRAM ENTAIL?

The first event will be a "Know Your Health Status" Campaign, to raise awareness about the health risks of smoking, poor nutrition, and lack of physical activity. A computerized health risk assessment will be made available to every North East resident over the age of 18, along with the opportunity to have their blood pressure and cholesterol levels checked.

Following this assessment of the community's health status, a series of innovative health education programs and activities will be conducted to help people stop smoking, start exercising, lose weight, and adopt healthy eating habits.

After a year of intense community awareness and education, the health risk assessment will be repeated to measure changes in health-related knowledge and practices. Finally, leadership training will be conducted so the program can be continued in North East and initiated in other communities throughout Pennsylvania.

HOW IS THE PROGRAM BEING ORGANIZED AND FUNDED?

The program is being administered through the Erie County Department of Health, with seed money from the Pennsylvania Department of Health. The Health Department will be working with and through existing organizations within North East, including the Chamber of Commerce and the Health Center, as well as schools, churches, worksites, and civic groups.

A crucial element to the success of this program is support from local leaders in health care, business, education, government, and the churches.

WHEN WILL THE PROJECT GET UNDERWAY?

The "Know Your Health Status" Campaign is planned for January and February of 1989. Education programs and activities will be conducted through mid-1990, culminating in a community-wide health fair planned for July 1990.

HEALTHWORKS!

"KNOW YOUR HEALTH STATUS" PROGRAM DESCRIPTION

WHAT IS IT?

* An opportunity to discover how your lifestyle may be affecting your health, and steps you can take to live a longer, healthier life.

WHAT DOES THE PROGRAM INCLUDE?

* An explanation of how health habits affect current and future health.

* An opportunity to complete a health risk appraisal and to have your cholesterol & blood pressure checked.

* Follow-up sessions to explain the meaning of results to participants.

WHO IS OFFERING THE PROGRAM?

* This is the first in a series of health risk reduction programs being planned as part of the HEALTHWORKS! Model Community Project.

* It is sponsored by the Erie County Department Of Health, in cooperation with The North East Chamber Of Commerce, and local health care providers.

WHEN WILL THE PROGRAM BE AVAILABLE?

* Project staff will be available to present the program any day of the week, any time of day between January 18 & February 7, 1989. The program can be presented before, during, or after your group's regular meeting time.

WHAT IS THE COST?

* Donations will be accepted to help cover the cost of cholesterol screening supplies (approximately $3 per person).

HOW CAN MY GROUP GET INVOLVED?

* To schedule this program for your group, please complete a "Program Request Form" and return to the HEALTHWORKS! Project Office (41 W. Main Street) no later than Wednesday, January 11, 1989. The program can be presented for groups of 20 up to 100. Depending on the number of participants the program will take place from 45 minutes to 2 hours.

* Following the "KNOW YOUR HEALTH STATUS" Campaign, a community health profile will be prepared to summarize the results of all participants. No names will be mentioned in the profile, and all individual results will remain confidential. This profile will help us plan educational programs and activities that will meet the needs of North East residents.

FOR MORE INFORMATION CALL: (814) 825-8738.

The HEALTHWORKS! Model Community Project is administered by the Erie County Department of Health, and is funded in part by the Pennsylvania Department of Health.

Newsletter Sample

Sample Front Page

HEALTH WORKS!

MODEL COMMUNITY PROJECT NEWSLETTER

NORTH EAST, PA
WINTER 1989

IMPORTANT FACTS ABOUT HEALTHWORKS! IN NORTH EAST

What Is It?

• HEALTHWORKS! is a comprehensive health risk reduction program aimed at helping the community of North East create a climate that supports its residents in developing and maintaining good health practices, especially those related to tobacco use, diet and exercise.

• Currently, the community is involved in a Community Health Assessment designed to raise awareness about smoking, poor nutrition and lack of physical activity.

• Following this assessment of the community's health status, a series of innovative health education programs and activities will be introduced throughout 1989 to help people stop smoking, start exercising, lose weight and adopt healthy eating habit.

• After over a year of intense community awareness and education regarding good health practices the Community Health Risk Assessment will be repeated to measure changes in health-related knowledge and practices.

• Finally, leadership training will be conducted so the program can be continued in North East and initiated in other communities throughout Pennsylvania.

How Is The Program Organized and Funded?

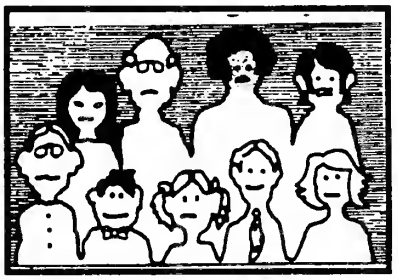
The program is being administered through the Erie County Department of Health with seed money from the Pennsylvania Department of Health. The Health Department will be working with and through existing institutions within North East, including the Chamber of Commerce and the Health Center, as well as schools, churches, worksites and civic organizations.

A crucial element to the success of this program is support from local leaders in health care, business, education, government and the churches.

What Is The Project's Time Table?

The Community Health Assessment is planned for January and February of 1989. Education programs and activities will be conducted March, 1989 through mid 1990, culminating in a community wide health fair planned for July, 1990.

We're counting on you.



4 REASONS WHY HEALTHWORKS!

HEALTHWORKS!

One study which brings this point home is the Breslow study, commonly used by experts to prove the relationship between lifestyle and longevity. Dr. Lester Breslow of UCLA studied the following basic health practices of 7,000 people for several year: three meals a day, breakfast every day, moderate exercise two or three times a week, seven or eight hours of sleep per night, no smoking, moderate weight and moderate alcohol consumption. He found:

• 45-year old males who observed 0 - 3 of the habits were likely to live until they were 66 years old;

• 45-year old males who observed 6 - 7 of the rules could live to be 78 years old - 11 years longer.

There are probably at least 104 reasons why health works. We've selected just four to show you the dramatic results North East residents can expect if they adopt healthy lifestyles.

1. If you don't smoke, you will increase your chances for a longer more productive life.

The Surgeon General calls smoking the "single most preventable cause of death in the United States."

Smoking causes 80% of all lung cancers contributing to more than 101,000 deaths per year in the United States.

Newsletter Sample

Sample Back Page

Death rates from cancer of the pharynx, larynx, esophagus, and mouth are about six times as great for smoking.

The average smoker has more than twice as much chance of having a heart attack as a non-smoker.

There is a direct correlation between smoking during pregnancy and the incidence of spontaneous abortion, as well as low birth weight and ensuing developmental problems.

The good news is 33,000,000 Americans have quit smoking. And for the next two years, the HEALTHWORKS! project will help others do the same.

2. By improving your diet, you will reduce your risk of cardiovascular disease, colon and breast cancers, stroke, diabetes and gallstones.

If you have a high blood cholesterol level, you have a greater chance of having a heart attack. Diets high in saturated fats and cholesterol (primarily found in red meat and dairy products) contribute to high blood cholesterol levels.

A diet high in saturated fat and low in fiber increases your risk of developing cancer of the colon and breast cancer.

A diet high in fats and sugars contributes to obesity, which is a major risk factor in high blood pressure, heart disease, diabetes and cancer. The typical American diet is 15% sugar and 40% fat.

A sensible approach to healthy eating is to follow the seven dietary guidelines developed by the U.S. Department of Health and Human Services in cooperation with the Department of Agriculture.

☆ Eat a variety of foods.
☆ Maintain ideal weight.
☆ Avoid too much fat, saturated fat and cholesterol.
☆ Eat foods with adequate starch and fiber.
☆ Avoid too much sugar.
☆ Avoid too much sodium.
☆ If you drink, do so in moderation.

3. If you establish and maintain your ideal body weight, you will reduce your risk of cancer, liver disorders, high blood pressure, heart disease and many other serious health problems aggravated by obesity.

Each pound of excess fat in the body requires nearly a mile of capillaries to nourish it; thus, the heart is forced to do more work, and blood pressure goes up, as does the risk for heart attack and stroke.

Anyone who is more than 20% over their ideal body weight is considered obese. National health surveys have found 24% of women and 14% of men are 20% or more over ideal body weight. About 25% of our children are overweight; and 80% of obese children grow up to be obese adults.

The best way to achieve and maintain ideal body weight is to eat less (especially sugary and fatty foods) and exercise more.

4. If you exercise regularly, you will reduce your risk of cardiovascular disease, osteoporosis and obesity.

Physical inactivity contributes to low back pain and injury, mental depression and chronic fatigue.

Regular exercise can help control weight, strengthen the heart, lungs, muscles and bones, improve circulation and relieve stress.

HEALTHWORKS! exercise goals for the North East project include: increasing the proportion of adults age 18 - 65 engaged in regular and vigorous physical exercise to more than 40% and the proportion of those over 65 to more than 50%.

★ ★ ★

CALENDAR OF EVENTS

☆Feedback of the results of your Community Health Assessment are scheduled for:

Tuesday, 2/2, 12:00 noon or 7:30 p.m., Mellon Bank Community Room.

Monday, 2/13, 7:00 p.m., First Presbyterian Church Fellowship Hall.

Tuesday, 2/14, 7:00 p.m., First Presbyterian Church Fellowship Hall.

Monday, 2/27, 7:00 p.m. First Presbyterian Church Fellowship Hall.

Tuesday, 2/28, 7:00 p.m. First Presbyterian Church Fellowship Hall.

Plan to attend.

HEALTHWORKS! North East Model Community project is funded in part by the Pennsylvania Department of Health and administered by the Erie County Department of Health.

Robert P. Casey, Governor
Commonwealth of Pennsylvania

N. Mark Richards, M.D.
Secretary of Health

Janet Vogt HEALTHWORKS! Coordinator

Resources For Prevention, Inc.
Editor

HEALTH WORKS!

MODEL COMMUNITY

PROJECT

APPENDIX F

Sample News Releases

Judith M. Lynch
County Executive

John J. Toth
Director

COUNTY OF ERIE
Department of Health
606 West Second Street
Erie, Pennsylvania 16507
814 / 454-5811

ERIE COUNTY BOARD OF HEALTH
Luman C. DeLong, Chairman
Anthony T. Merski, MD
Vincent L. Jenco, DO
Joy E. Enzbrenner

THE ERIE COUNTY DEPARTMENT OF HEALTH

WILL ANNOUNCE PLANS FOR A MODEL

COMMUNITY PROJECT TO BE CONDUCTED OVER

THE NEXT TWO YEARS IN NORTH EAST

AT A NEWS CONFERENCE

TUESDAY, JANUARY 17, 1989

9:30 AM

AT

SOUTH SHORE INN

1120 FREEPORT ROAD

NORTH EAST, PA 16428

HEALTH WORKS! MODEL COMMUNITY PROJECT

FOR IMMEDIATE RELEASE

Contact: Janet Vogt
825-8738

HEALTHWORKS! MODEL COMMUNITY PROJECT

Today the Erie County Department of Health and the North East Area Chamber of Commerce jointly announced plans to launch a unique health risk reduction program to take place in the community of North East over the next two years. The program is called the HEALTHWORKS! Model Community Project, and is funded in part by a $152,000 grant from the Pennsylvania Department of Health. According to County Health Director, John Toth, the project will demonstrate how a whole community can be at lower risk for the leading causes of death - heart disease, cancer, and accidents - through an intense effort to help people stop smoking, lose weight, eat better, exercise more, and just be more health conscious in general. "We know that most people would like to live healthier lifestyles, they just aren't always sure how. They may lack the opportunities and social support needed to make long-term improvements in their health habits. That's where HEALTHWORKS! comes in."

Project Coordinator, Janet Vogt, added, "Our goal is to create an atmosphere in which good health is valued and actively pursued by people of all ages and strongly supported by family, church, and community leaders. We think this goal can be most easily reached in small family-oriented communities like North East." According to Vogt, North East

Press Release
Page Two

was chosen as the first community to benefit from this program because of the unique combination of progressive social attitudes and strong sense of community displayed by its leaders and residents. "The North East community has enthusiastically embraced the HEALTHWORKS! program ever since we proposed it early last year," Vogt said. The Government Affairs Committee of the North East Chamber of Commerce is providing guidance and leadership for the project.

The first activity of the HEALTHWORKS! Project will be a Community Health Assessment and "Know Your Health Status" campaign designed to measure health knowledge, attitudes, and behavior, and help people understand the relationship between health habits and chronic diseases. Members of the community will have the opportunity to complete a personal Health Risk Appraisal (HRA) at special town meetings to be held at 7:00 p.m. on January 23, 31, and February 5 at Saint Gregory's school in North East. Blood pressure and cholesterol screening will be available. The HRA will show participants how habits like smoking, eating too much or not enough of the right foods, and not exercising may be affecting their health now and in the future. Results of the HRA will be explained to participants during follow-up sessions in February and March.

Throughout 1989, a series of innovative health education programs will be conducted, starting with a Quit-and-Win Smoking Cessation Campaign, and a Community Fitness Challenge.

As an added incentive, anyone who participates in one of the programs will be eligible for the following prizes; an exercise bike donated by the National Bank of North East; a subscription to Runner's

Press Release

Page Three

World donated by former North East resident, Mike Edwards; his and her sweatshirts donated by the First National Bank of North East; two tickets to the Erie Philharmonic on January 21, 1989, donated by G.T.E.; and a watch calculator donated by Gorzynski, Felix, and Gloeckler.

After over a year of community education and awareness, the Community Health Assessment will be repeated to measure changes in health-related knowledge and practices. Finally, leadership training will be conducted so the program can be continued in North East and initiated in other communities throughout Pennsylvania.

HEALTH WORKS! MODEL COMMUNITY PROJECT

FOR IMMEDIATE RELEASE 3-16-89

CONTACT: Janet Vogt
825-8738

The North East Community Health Assessment (CHA) has been completed and according to Janet Vogt, HEALTHWORKS! Project Coordinator, "In general, North East is a very healthy community. Given an optimal wellness score of 100, North East scored well above average with an 83.5."

The results show that North East residents displayed an above average knowledge of health-related issues regarding smoking, exercise, heart risks, and weight control. Only 12 percent of the CHA participants reported smoking, and the same number reported getting little or no exercise. However, 35 percent were 20 percent or more over weight and 40 percent reported using their seat belts less than 75 percent of the time. High cholesterol levels may also be a problem approximately 50 percent of those checked had a cholesterol of 200 ml/dl or higher. "Based on the report findings," said HEALTHWORKS! Dietician Jennifer Reed, "the upcoming diet and nutrition programs are well geared to the North East Community's health needs."

Eighty-nine percent of the participants correctly answered all of the health-knowledge questions. Specifically, an impressive 98 percent of those surveyed know that being overweight can increase the chances of heart disease, diabetes, and high blood pressure.

Press Release
Page Two

"The results of the Assessment indicate that among those who responded, a strong family and social support network exists," stated the HEALTHWORKS! Community Health Assessment report. The review went on to say that 61 percent indicated they received positive feedback and support in their efforts to lose weight, get regular exercise, and eat nutritiously.

Beginning on Monday, April 3, 1989, is the first in the trilogy of spring programs sponsored by HealthWorks, The Quit and Win Campaign. Smokers and chewers are persuaded to cease all tobacco-related activity for thirty days. There is no fee and the participants who succeed in quitting for the full thirty days are eligible for prizes donated by local businesses. The program includes the opportunity to sign up for the American Lung Association's Freedom from Smoking clinic.

Wednesday, April 5, marks the beginning of the Aerobic Activity Challenge. Participants pick American cities and in a period of six months, will exercise (run, jog, swim, dance, and row) the mileage to their chosen city from North East.

T-shirts and progress awards will be given and participants have the chance to sign up for a low-cost fitness evaluation.

Weight-No-More, the ten-week team weight loss competition will begin on Monday, April 17. Initially teams of 5-10 people will be evaluated as to how much weight is to be lost (no more than 20 pounds per person). During the ten-week period, the team will be educated on the pluses of exercise, healthy foods, and longevity of weight-loss. Prizes will be awarded.

"The emphasis," says Vogt, "is on camaraderie and fun." HEALTHWORKS! is a program for people who want to know more and do more to keep themselves healthy. For more information, please call 825-8738.

FOR IMMEDIATE RELEASE CONTACT: Janet Vogt
825-8738

TAKE HEART: REDUCE YOUR CHANCES OF HEART ATTACK

For years cardiologists have known that many of the factors influencing heart attacks and heart disease result from a person's lifestyle. Diet, exercise, blood pressure, and smoking all play a role in an individual's chances of suffering heart disease.

Not only do they play a critical role in determining whether or not a person is prone to a heart attack, they also can be readily changed or controlled by the way a person lives.

1. **Cholesterol.** A blood cholesterol level of 200 or less is considered desirable for American adults. Higher than 200 and your risk of heart attack increases significantly. High cholesterol causes sticky substances called plaques to be deposited on artery walls. Over time, the buildup of this material can narrow or even block the artery. Lifestyle changes - such as lowering the amount of cholesterol and saturated fats in your diet - can reduce your risk of heart disease.

2 **Blood Pressure.** Over 60 million Americans have high blood pressure (140/90 or higher) and are considered hypertensive. While this is often a "silent disease" with no symptoms, it can put you at greater risk of heart attack or stroke by making the heart work harder. Age, alcohol, oral contraceptives, and kidney disease are among the factors associated with hypertension. Dietary changes - especially reducing one's intake of salt can help bring high blood pressure under control.

3. **Diabetes.** When there is an abnormally high level of sugar (glucose) in the blood, the condition is known as diabetes mellitus. The most common type of diabetes - adult onset - may speed the rate at which plaques are deposited on artery walls, thus increasing the risk of heart attack. Since most people with adult-onset diabetes are overweight, losing weight often means far greater control of the disease or possibly a cure for the problem.

Take Heart
Press Release
Page Two

4. **Weight.** When a person is 30 percent or more over ideal weight standards, he or she is considered by medical professionals to be obese. Being overweight can increase one's risk of heart attack in several ways, including raising blood pressure and cholesterol levels. Diabetes, joint disease, even gallstones are associated with being overweight. While the well-known recommendation of fewer calories and more exercise is usually the answer, it's a hard "prescription" for most Americans to follow alone.

5. **Smoking.** If you smoke, you face a risk of heart attack double that of a non-smoker. Your risk of a fatal heart attack may be four times that of a non-smoker. That's the bad news. The good news is that regardless of how long you've smoked, your risk of heart disease declines rapidly from the day you stop.

HEALTH WORKS!

MODEL COMMUNITY

PROJECT

APPENDIX G

HRA Explanatory Session - Sample Materials

Presentation Outline
Participant Record
Written Instructions
Health Risk Appraisal Form
Health Knowledge and Opinion Questionnaire

COMMUNITY HEALTH ASSESSMENT

Presentation Outline

I. Welcome/Introduction

A. Personal
1. Who We Are
2. Project Affiliation

B. Brief Session Overview
1. Community Health Assessment
2. Health Screenings

II. HEALTHWORKS! Project Overview

A. Purpose
1. Support Good Health Practices
2. Tobacco Use, Diet, and Exercise

B. Content
1. Know Your Health Status Campaign
2. Innovative Health Education Programs
3. Repeat Health Risk Assessment
4. Leadership Training

C. Administration/Funding
1. Erie County Department of Health
2. Working with Chamber of Commerce, Health Center, schools, churches, worksites, etc.
3. Funded by Pennsylvania Department of Health

D. Time Frame
1. Assessment - January and February 1989
2. Education - March 1989 through June 1990
3. Health Fair, Leadership Seminars - Summer 1990

III. Community Health Assessment

A. Purpose
1. Measure Knowledge, Attitudes, and Practices as They Relate to Smoking, Diet, Nutrition, and Exercise.

B. Procedure
1. Pass out 5x8 Community Health Assessment Information Cards with Pencils.
   a). Name, Address, Telephone Number, Social Security Number
   b). Collect Cards

more

COMMUNITY HEALTH ASSESSMENT

Presentation Outline

(continued)

2. Pass Out Community Health Assessment Packets
   a). Review Packet Contents
   ☞ 1). Health Risk Appraisal
   2). Coupon
   3). Knowledge/Opinion Questionnaire
   Emphasize 4). Social Security Number on Health Risk Appraisal, Coupon and Knowledge/Opinion Questionnaire
   b). Ask for Questions
   c). Collect When Completed

3. Blood Pressure/Cholesterol Screening

C. Feedback of Results Arrangements

1. When and Where?

IV. Materials Needed

A. Community Health Risk Assessment Packet

B. 5x8 Cards, Pencils

C. Feedback Dates, Location, and Times

D. Newsprint and Tripod

☞ Be sure to tell people that the first six questions must be completed. Question #6 - if they are an ex-smoker, they must complete the rest of the question.

Note: About the 5x8 cards - Emphasize that we need their name and address to notify them of upcoming programs; their telephone number in case we need to call them for clarification on their HRA; their Social Security Number will help us identify them with confidentiality.
ALSO - Cards are used for prize drawings.

HEALTHWORKS MODEL COMMUNITY PROJECT
PARTICIPANT RECORD

Name: _____ Social Security Number _____ - ___ - _____

Address: _____

_____

_____

Phone: _____ Today's Date: _____

_____CHA 1989

_____CHA 1990

Program Participation Record

★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★

Do Not Lose This Coupon. You Must Have This Number To Claim Your Health Risk Appraisal Results.

No. _____

★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★

HEALTH WORKS! MODEL COMMUNITY PROJECT

COMMUNITY HEALTH ASSESSMENT

Congratulations! You have taken an important step towards responsibility for your own health. HEALTHWORKS! is a comprehensive health risk reduction program aimed at reducing the incidence of health risks associated with smoking, lack of physical activity, and unhealthy dietary practices among North East Residents.

An important part of the project is to survey North East residents' health knowledge, attitudes, and behavior regarding smoking, exercise and nutrition. You can help us make this project a success by completing the attached Community Health Assessment. The results of your assessment will help to determine the future direction of the program.

Your results are strictly confidential. Meetings will be scheduled at convenient locations throughout North East for those wishing to receive feedback on their Community Health Assessment results.

The HEALTHWORKS! project staff appreciates your involvement in this exciting program.

Stay Healthy!

PLEASE NOTE: The Community Health Assessment is designed for people between the ages of eighteen (18) and sixty-five (65).

COMMUNITY HEALTH ASSESSMENT
HEALTH RISK APPRAISAL
INSTRUCTIONS

The way we live our lives has a strong bearing on our health. The health risk appraisal shows us how much of an impact our health habits have on our long range health. The information you receive from the Health Risk Appraisal will help you maintain or improve your health.

Complete the questionnaire in full. A questionnaire cannot be processed unless each question is answered, wrong answers are completely erased, and you mark only in the squares in the right-hand column.

Answer all questions unless the instructions indicate that you should skip one. In cases where you don't know the answer to a question, or where the choices given do not allow for your answer, then select the response which most closely resembles your situation. Please note question numbers 6 and 8. With Question Number 6, if you indicate you are an ex-smoker, you **must** enter the average number of cigarettes smoked per day when you did smoke AND the number of years since you stopped smoking. Question Number 8 refers to drugs or medications that alter your moods or help you to relax. (i.e., amphetamines, tranquilizers, sedatives, sleeping pills, nerve pills, street drugs).

When you have finished the questionnaire, make sure you have answered every question which applies to you. We recognize that some of the questions in this questionnaire touch on sensitive issues. All of your responses are considered in scoring. However, there are a few questions which must be answers. **Please review the questionnaire and make sure you have answered** the questions about **your sex, age, race height, weight, and smoking status.** Thank You.

Keep the attached colored coupon. It will help you receive correct health risk appraisal results.

Please Note: The participant number on your Health Risk Appraisal is the **last six digits** of your Social Security Number. Be sure to also put this number on your colored coupon and on the Community Health Assessment Knowledge and Opinion Questionnaire.

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

DO NOT LOSE THIS HEALTH RISK APPRAISAL COUPON. YOU MUST HAVE THIS NUMBER TO CLAIM YOUR COMPUTER PRINTOUT.

No. _____

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

Commonwealth of Pennsylvania
Department of Health
Health Risk Reduction Program
P.O. Box 90 - Harrisburg, PA 17108

HEALTH RISK APPRAISAL

Health Risk Appraisal is a promising health education tool that is still in the early stages of development. It is designed to show how your individual lifestyle affects your changes of avoiding the most common causes of death for a person of your age, race and sex. It also shows how much you can improve your chances by changing your harmful habits. (This particular version is not very useful for persons under 25 or over 60 years old and for persons who had a heart attack or other serious medical problem.)

IMPORTANT: To assure protection of your privacy, do NOT put your name on this form **PARTICIPANT NUMBER** |_|_|_|_|_|_| 1-6

PLEASE ENTER YOUR ANSWERS IN THE EMPTY BOXES (use numbers only)

1. SEX 1-Male 2-Female	|_|	7
2. RACE/ ORIGIN 1-White (non-Hispanic origin) 2-Black (non-Hispanic) 3-Hispanic 4-Asian or Pacific Islander 5-American Indian or Alaskan Native 6-Not sure	|_|	8
3. AGE (AT LAST BIRTHDAY) Years Old	|_|_|	9-10
4. HEIGHT (Without Shoes) *Example: 5 foot, 7 1/2 inches* = |_5_|' |_0_|_8_|" No Fractions	|_|' |_|_|"	11-13
5. WEIGHT (Without Shoes) *Example: 175 1/2 lbs.* = 176 Pounds	|_|_|_|	14-16
6. TOBACCO 1-Smoker 2-Ex-Smoker 3-Never Smoked	|_|	17
(Smokers and Ex-smokers) Enter average number smoked per day in the last five years (ex-smokers should use the last five years before quitting) — Cigarettes Per Day	|_|_|	18-19
Pipes/Cigars Per Day (Smoke Inhaled)	|_|_|	20-21
Pipes/Cigars Per Day (Smoke Not Inhaled)	|_|_|	22-23
(Ex-smokers only) Enter Number of Years Stopped Smoking (note: Enter 1 for less than one year)	|_|_|	24-25
7. ALCOHOL 1-Drinker 2-Ex-Drinker (Stopped) 3-NonDrinker(or drinks less than one drink per week)	|_|	26
If you drink alcohol, enter the average number of drinks per week: — Bottles of beer per week	|_|_|	27-28
Glasses of wine per week	|_|_|	29-30
Mixed drinks or shots of liquor per week	|_|_|	31-32
8. DRUGS/MEDICATION How often do you use drugs or medication which affect your mood or help you relax? 1-Almost every day 2-Sometimes 3-Rarely or never	|_|	33
9. MILES Per year as a driver of motor vehicle and/or passenger of an auto. (10,000=average) Thousands of miles	|_|_|0|0|0|	34-38
10. SEAT BELT USE (percent of time used) *Example: about half the time* = |_|_5_|_0_|	|_|_|_|%	39-41
11. PHYSICAL ACTIVITY LEVEL 1- level 1, little or no physical activity 2- level 2, occasional physical activity 3- level 3, regular physical activity at least 3 times per week NOTE: Physical activity includes work and leisure activities that require sustained physical exertion such as walking briskly, running, lifting and carrying.	|_|	42
12. Did either of your parents die of a heart attack before age 60? 1-Yes, One of them 2-Yes, both of them 3-No 4-Not sure	|_|	43
13. Did your mother, father, sister or brother have diabetes? 1-Yes 2-No 3-Not sure	|_|	44
14. Do YOU have diabetes? 1-Yes, not controlled 2-Yes, controlled 3-No 4-Not sure	|_|	45
15. Rectal Problems (other than piles or hemorrhoids) ***Have you had:*** Rectal Growth? 1-Yes 2-No 3-Not sure	|_|	46
Rectal Bleeding? 1-Yes 2-No 3-Not sure	|_|	47
Annual Rectal Exam? 1-Yes 2-No 3-Not sure	|_|	48
16. Has your physician ever said you have Chronic Bronchitis or Emphysema? 1-Yes 2-No 3-Not sure	|_|	49

17. Blood Preasure (If Known - otherwise leave blank) Systolic (High Number) ___ 50-52
Diastolic (Low Number) ___ 53-55

18. Fasting Cholesterol Level (If Known - otherwise leave blank) MG/DL ___ 56-58

19. Considering your age, how would you describe your overall physical health?
1-Excellent 2-Good 3-Fair 4-Poor ___ 59

20. In general how satisfied are you with your life?
1-Mostly Satisfied 2-Partly Satisfied 3-Mostly disappointed 4-Not Sure ___ 60

21. In general how strong are your social ties with your family and friends?
1-Very Strong 2-About Average 3-Weaker than average 4-Not Sure ___ 61

22. How many hours of sleep do you usually get at night?
1-6 or less 2-7 hours 3-8 hours 4-9 or more ___ 62

23. Have you suffered a serious personal loss or misfortune in the Past Year? (Example: Job loss, disability, divorce, separation, jail term or the death of a close person)
1-Yes, one serious loss 2-Yes, two or more serious losses 3-No ___ 63

24. How often in the Past Year did you witness or become involved in a violent or potentially violent argument?
1-4 or more times 2-2 or 3 times 3-Once or never 4-Not Sure ___ 64

25. How many of the following things do you usually do?
- Hitch-hike or pick up hitch-hikers
- Carry a gun or knife for protection
- Keep a gun at home for protection
- Criticize or argue with strangers
- Live or work at night in a high-crime area
- Seek entertainment at night in high-crime areas or bars

1-3 or more 2-1 or 2 3-None 4-Not Sure ___ 65

26. Have you had a hysterectomy? (Women Only) 1-Yes 2-No 3-Not Sure ___ 66

27. How often do you have a Pap Smear? (Women Only)
1-At least once per year 2-At least once every 3 years 3-more than 3 years apart
4-Have never had one 5-Not Sure 6-Not Applicable ___ 67

28. Was your Last Pap Smear Normal? (Woman only) 1-Yes 2-No 3-Not Sure ___ 68

29. Did your mother, sister or daughter have breast cancer? (Women Only) 1-Yes 2-No 3-Not Sure ___ 69

30. How often do you examine your breasts for lumps? (Women Only)
1-Monthly 2-Once every few months 3-Rarely ___ 70

31. Have you ever completed a computerized Health Risk Appraisal Questionnaire like this one?
1-Yes 2-No 3-Not Sure ___ 71

32. Current Marital Status 1-Single (never married) 2-Married 3-Separated
4-Widowed 5-Divorced 6-Other ___ 72

33. Schooling completed (One choice only) 1-Did not graduate from high school 2-High School
3-Some college 4-College or Professional Degree ___ 73

34. Employment Status 1-Employed 2-Unemployed
3-Homemaker, Volunteer, or Student 4-Retired, Other ___ 74

35. Type of occupation (skip if not applicable)
1-Professional, Technical Manager, Official or Proprietor 2-Clerical or Sales
3-Craftsman, Foreman or Operative 4-Service or Laborer ___ 75

36. County of Current Residence. In Pennsylvania, out-of-state residents use code 999

001 Adams	033 Clearfield	065 Jefferson	097 Northumberland	129 Westmoreland
003 Allegheny	035 Clinton	067 Juniata	099 Perry	131 Wyoming
005 Armstrong	037 Columbia	069 Lackawanna	101 Philadelphia	133 York
007 Beaver	039 Crawford	071 Lancaster	103 Pike	
009 Bedford	041 Cumberland	073 Lawrence	105 Potter	
011 Berks	043 Dauphin	075 Lebanon	107 Schuylkill	
013 Blair	045 Delaware	077 Lehigh	109 Snyder	
015 Bradford	047 Elk	079 Luzerne	111 Somerset	
017 Bucks	049 Erie	081 McKean	115 Susquehanna	
021 Cambria	053 Forest	085 Mercer	117 Tioga	
023 Cameron	055 Franklin	087 Mifflin	119 Union	
025 Carbon	057 Fulton	089 Monroe	121 Venango	
027 Centre	059 Greene	091 Montgomery	123 Warren	
029 Chester	061 Huntingdon	093 Montour	125 Washington	
031 Clarion	063 Indiana	095 Northampton	127 Wayne	

___ 76-78

37. State of current Residence 42-Pennsylvania 99-Other State ___ 79-80

|_|_|_|_|_|_|_|
Participant number

COMMUNITY HEALTH ASSESSMENT
Health Knowledge and Opinion Questions

Please read the following statements. Then circle that one letter or pair of letters that best represents how you feel about that statement.

Code: Agree - - - - - A
Disagree - - - D
Don't Know - DK

1. Most people gain weight when they stop smoking, so it's better to smoke than gain weight. ..... A D DK

2. I get enough exercise working at home, on the job or in school so I don't need a special exercise program. ..... A D DK

3. The older you get the less exercise you need. ..... A D DK

4. You can reduce your risk of getting certain types of cancer by eating more fruits and vegetables and less fat. ..... A D DK

5. Being overweight can increase your chances of having heart disease, diabetes and high blood pressure. ..... A D DK

6. People who don't exercise stand a better chance of having a heart attack. ..... A D DK

7. Smoking is a leading cause of heart disease. ..... A D DK

8. Smoking during pregnancy can cause harm to the unborn baby. ..... A D DK

9. Smoking is the number one cause of preventable death. ..... A D DK

10. Breathing the smoke from other peoples' cigarettes can cause disease, including lung cancer, in those who don't smoke. ..... A D DK

11. In your opinion, which of these are the TWO best ways to lose weight. (check appropriate answers .)

_____ don't eat at bedtime
_____ eat fewer calories
_____ take diet pills
_____ increase physical activity
_____ eat no fat
_____ eat grapefruit at each meal

12. How do your family and friends feel about YOUR efforts to: (check only those that apply)

	Negative	Don't Care	Positive
a) lose weight	_____	_____	_____
b) quit smoking	_____	_____	_____
c) exercise regularly	_____	_____	_____
d) eat low fat foods	_____	_____	_____
e) prepare foods that are low in fat	_____	_____	_____

13. Indicate to what extent your friends and family: (check only those that apply)

	Frequently	Always	Sometimes	Never
a) do not allow smoking in their homes	_____	_____	_____	_____
b) encourage you to stick to a diet	_____	_____	_____	_____
c) serve low fat desserts to company	_____	_____	_____	_____
d) ask you to exercise with them	_____	_____	_____	_____
e) encourage you to exercise	_____	_____	_____	_____
f) encourage you to break your diet	_____	_____	_____	_____
9) encourage you to stop smoking	_____	_____	_____	_____

14. To lower your blood cholesterol level, which is the MOST important substance to reduce in the food you eat.

_____ cholesterol _____ sodium
_____ saturated fat _____ sugar

15. How many days per week do you think a person should exercise to strengthen their heart and lungs? (check appropriate answer)

_____ one day/week _____ three days/week _____ five days/week
_____ two days/week _____ four days/week _____ six days/week

16. How many minutes per exercise session do you think a person should exercise to strengthen their heart and lungs? (check appropriate answer)

_____ 10 minutes or less _____ 30 minutes _____ 50 minutes
_____ 20 minutes _____ 0 minutes _____ 60 minutes

17. Which one of the following substances in food is most often associated with high blood pressure.

_____ sodium _____ cholesterol _____ sugar

A REMINDER: 1. Have you filled out the Community Health Assessment Information card?

2. Have you answered all questions on the Health Risk Appraisal and Community Health Assessment?

Put your **Social Security Number** on the Health Risk Appraisal, Coupon and Community Health Assessment.

HEALTH WORKS!

MODEL COMMUNITY

PROJECT

APPENDIX H

Feedback Session - Sample Materials

Schedule of Sessions
Presentation Outline
Print-Out of Results
Explanatory Handout
Interest Survey
Behavioral Contract

HEALTHWORKS!
COMMUNITY HEALTH ASSESSMENT

Healthy Lifestyle Sessions

Come to any one of the sessions listed below to receive the results of your Health Risk Appraisal.

DATE	*TIME*	*LOCATION*
Monday, February 27	7:00 p.m.	Presbyterian Church Multipurpose Room 25 West Main Street
Tuesday, February 28	7:00 p.m.	Presbyterian Church Multipurpose Room 25 West Main Street

COMMUNITY HEALTH ASSESSMENT
Feedback Session Outline

I. Procedure

A. Layout print- outs in numerical order on a table; put explanatory handout on the same table.

B. Display health promotion literature on a table in a different part of the room.

C. Greet participants individually as they come in; help each find their print -out by matching the number on their coupon with the number printed in the upper left corner of the print-out.

D. Instruct participants to pick-up explanatory hand-out before they sit down.

E. Formally welcome participants and introduce yourself when all have their print- outs and are seated.

F. Explain the purpose and meaning of the health risk appraisal, highlighting information contained in the explanatory hand-out.

G. Allow participants to ask questions.

H. Urge participants to identify one health behavior they would like to change; pass out behavioral contracts and pencils and allow time for participants to complete (contracts may be kept by participants or collected and mailed to them later with a letter of encouragement).

I. Pass out interest survey and allow time for participants to complete. Collect interest surveys.

J. Announce upcoming health promotion programs.

K. Invite participants to pick-up and read literature.

II. Materials Needed

A. HRA print-outs

B. Back-up list of names and I.D. numbers

C. Explanatory hand-outs

D. Behavioral contracts

E. Interest surveys

F. Pencils

G. Literature/Hand-outs Metropolitan weight tables, Raising Your Wellness Grade (booklet), Cholesterol, High Blood Pressure, Weight Control, Dietary Guidelines, Seatbelt, Exercise, Stress, Smoking

HEALTH WORKS! MODEL COMMUNITY PROJECT

HEALTHWORKS!

Thank you for participating in the HEALTHWORKS! program. By completing the Health Risk Appraisal, you have taken the first step to better health.

The results are in!

This month you will get your results back at one of the Healthy Lifestyle Feedback meetings listed below, complete with recommendations on how to live a more healthy and productive life. It's important that you attend, because your results will be explained, and you'll have the opportunity to ask questions. You'll hear how you can follow through on your commitment to stop smoking, lose weight, eat better, exercise, and take better care of yourself.

Monday, February 13
Tuesday, February 14
Monday, February 27
Tuesday, February 28

All meetings will begin promptly at 7 p. m.
at the First Presbyterian Church of North East,
25 West Main Street, in the multipurpose room.

Erie Office 814/825-8738
4718 Lake Pleasant Rd.
Erie, PA 165041

North East Office 814/725-8711
41 West Main St.
North East, PA 16428

This project is administered by the Erie County Department of Health
and funded in part by the Pennsylvania Department of Health

HEALTH RISK APPRAISAL PROGRAM

022534 **SAMPLE PRINT-OUT** DATE: 06-10-1986

YOUR HEALTH RISK DATA HAVE BEEN ANALYZED AND THE RESULTS ARE SUMMARIZED BELOW AS THEY RELATE TO THE 12 MOST FREQUENT CAUSES OF DEATH FOR WHITE FEMALES AGED 31.

RANK	CAUSE OF DEATH	CHANCES OF DYING PER 100,000 WITHIN THE NEXT 10 YEARS			
		COL.1 AVERAGE	COL.2 APPRAISAL	COL.3 ACHIEVABLE	COL.2-COL.3 DIFFERENCES
1	SUICIDE	106	27	27	0
2	BREAST CANCER	101	101	51	51
3	MOTOR VEHICLE ACCIDENTS	91	87	87	0
4	STROKE	56	7	7	0
5	HEART ATTACK	53	6	6	0
6	NON-MOTOR VEHICLE ACCIDENTS	47	47	47	0
7	CIRRHOSIS OF THE LIVER	42	4	4	0
8	HOMICIDE	38	10	10	0
9	LUNG CANCER	29	17	17	0
10	CANCER OF THE CERVIX	28	11	11	0
11	DIABETES	22	12	12	0
12	INTESTINAL CANCER	21	19	19	0
	ALL OTHER CAUSES	461	461	461	0
	ALL CAUSES OF DEATH	1095	809	758	51

	ACTUAL	APPRAISED	ACHIEVABLE	DIFFERENCE
AGE:	31	27.1	26.2	0.8

122 LBS. IS APPROXIMATELY WHAT IT SHOULD BE FOR HEIGHT 62 INCHES AND SMALL OR MEDIUM FRAMES.

* AVERAGE CHANCES OF DYING ARE BASED ON 1975-1977 U.S. MORTALITY DATA. (CDC VERSION 2.1A)
* APPRAISED AGE (OR 'HEALTH AGE') IS AN ESTIMATE OF HOW HEALTHY YOU ARE COMPARED TO OTHERS OF YOUR RACE AND SEX.
* ACHIEVABLE AGE IS AN ESTIMATE OF HOW HEALTHY YOU COULD BE BY MAKING THE CHANGES RECOMMENDED BELOW:

POSITIVE AREAS OF YOUR LIFESTYLE	RECOMMENDED LIFESTYLE CHANGES
GOOD PHYSICAL ACTIVITY HABITS	DO A BREAST SELF-EXAM EACH MONTH
NON-SMOKER	
NEAR RECOMMENDED WEIGHT	
HEALTHY BLOOD PRESSURE	
GOOD STRESS CONTROL	
LITTLE OR NO ALCOHOL	
LITTLE OR NO DRUG USE	
SEATBELT USED ALMOST ALWAYS	
REGULAR PAP TEST	

NOTE - HOMICIDE RISK IS PARTLY BASED ON HIGH-RISK ACTIVITIES INCLUDING USE OF WEAPONS, ENCOUNTERS WITH STRANGERS AND THE AMOUNT OF CONTACT WITH HIGH-CRIME AREAS.

NOTE - SUICIDE RISK IS PARTLY BASED ON ANSWERS TO QUESTIONS ABOUT PHYSICAL HEALTH, LIFE SATISFACTION, SOCIAL TIES, HOURS OF SLEEP, RECENT LOSS OR MISFORTUNE AND MARITAL STATUS.

022534 * * * DETAIL * * * DATE: 06-10-1986

CAUSE OF DEATH	CONDITION	APPRAISAL: AS APPRAISED	APPRAISAL: PARTIAL RISK	APPRAISAL: TOTAL RISK	ACHIEVABLE: ACHIEVED	ACHIEVABLE: PARTIAL RISK	ACHIEVABLE: TOTAL RISK
SUICIDE	DISTRESS	BELOW AVERAGE RISK	0.5		BELOW AVERAGE RISK	0.5	
	ALCOHOL	NON-DRINKER	0.5	0.25	NON-DRINKER	0.5	0.25
BREAST CANCER	FAMILY HISTORY	NON+NO SELF-EXAM	1.0	1.00	NONE + SELF-EXAM	0.5	0.50
MOTOR VEHICLE ACCIDENT	ALCOHOL	NON-DRINKER	0.5		NON-DRINKER	0.5	
	MILES PER YEAR	16000	1.6		16000	1.6	
	SEATBELT	75-100%	0.8		75-100%	0.8	
	DRUG USE	RARELY OR NEVER	0.9	0.96	RARELY OR NEVER	0.9	0.96
STROKE	BLOOD PRESSURE	98 / 62	0.4/0.4		98/ 62	0.4/0.4	
	CHOLESTEROL	BELOW 220 MG/DL	0.5		BELOW 220 MG/DL	0.5	
	DIABETES	NOT DIABETIC	0.9		NOT DIABETIC	0.9	
	SMOKING	NON-SMOKER	0.7	0.13	NON-SMOKER	0.7	0.13
HEART ATTACK	BLOOD PRESSURE	98 / 62	0.4/0.4		98/ 62	0.4/0.4	
	CHOLESTEROL	BELOW 220 MG/DL	0.5		BELOW 220 MG/DL	0.5	
	DIABETES	NOT DIABETIC	0.9		NOT DIABETIC	0.9	
	WEIGHT	122	0.9		122	0.9	
	ACTIVITY LEVEL	RECOMMENDED	0.9		RECOMMENDED	0.9	
	SMOKING	NON-SMOKER	0.8		NON-SMOKER	0.8	
	FAMILY HISTORY	NO	1.0	0.11	NO	1.0	0.11
CIRRHOSIS OF LIVER	ALCOHOL	NON-DRINKER	0.1	0.10	NON-DRINKER	0.1	0.11
HOMICIDE	VIOLENT EVENT	SAW OR IN 0-1/YEAR	0.5		SAW OR IN 0-1/YEAR	0.5	
	LIFESTYLE	BELOW AVERAGE RISK	0.5	0.25	BELOW AVERAGE RISK	0.5	0.25
LUNG CANCER	SMOKING	NON-SMOKER	0.6	0.60	NON-SMOKER	0.6	0.60
CANCER OF CERVIX	PAP SMEAR	ANNUAL EXAM	0.4	0.40	ANNUAL EXAM	0.4	0.40
DIABETES	WEIGHT	122	0.6		122	0.6	
	FAMILY HISTORY	NO	0.9	0.54	NO	0.9	0.54
INTESTINAL CANCER	RECTAL GROWTH	HAS NOT HAD	0.9		HAS NOT HAD	0.9	
	RECTAL EXAM	NO ANNUAL EXAM	1.0	0.90	NO ANNUAL EXAM	1.0	0.90

* RISK FACTORS ADAPTED FROM 'HOW TO PRACTICE PROSPECTIVE MEDICINE' DRS. ROBBINS AND HALL, METHODIST HOSPITAL OF INDIANA, 1970.

* COMPUTER PROGRAM DEVELOPED BY THE CENTERS FOR DISEASE CONTROL (CDC), DHHS, ATLANTA GEORGIA. THE PROGRAM WAS ADAPTED TO RUN ON A MICROCOMPUTER BY CDC AND ADVANCED MEDICAL SYSTEMS, INC., LEAVENWORTH KANSAS. (CDC VERSION 2.1A)

NOTE: HEALTH RISK APPRAISAL IS STILL IN ITS EARLY STAGES OF DEVELOPMENT. ITS MAIN VALUE IS ITS POTENTIAL FOR SHOWING THE HEALTH AND SAFETY RISKS ASSOCIATED WITH COMMON LIFESTYLE FACTORS. HOWEVER, IT DOES NOT INCLUDE ALL PERSONAL RISKS AND PROTECTIVE FACTORS, AND - IN PARTICULAR - DOES NOT INCLUDE MOST OCCUPATIONAL RISKS AND ENVIRONMENTAL FACTORS. SINCE IT IS A DEVELOPMENTAL PROGRAM, IT SHOULD BE INTERPRETED BY A QUALIFIED HEALTH PROFESSIONAL.

—**PLEASE NOTE**— THE ABOVE ANALYSIS IS INCOMPLETE DUE TO MISSING ANSWERS TO CERTAIN QUESTIONS. THESE QUESTIONS CONCERN THE FOLLOWING CONDITIONS: **RECTAL BLOOD**

Understanding Your Personal Health Risk Appraisal (HRA)

YOUR printout is relatively simple to read and understand. Its purpose is to estimate YOUR risk of dying from the twelve leading causes of death for people in your **age**, your **sex** and your **race** over the next ten years.

This is done by comparing **your** risks, based on the information you supplied on your HRA, with 100,000 Americans of your same age, race and sex. Remember, these estimates are statistical probabilities, not certainties.

However, the HRA can identify some certain lifestyle behaviors that you can change thereby extending your life expectancy.

Please look at the Large Chart on Page 1.

Causes of Death

The causes of death are listed in highest order for persons of your age, race, and sex.

Chances of Dying per 100,000 People within the Next 10 Years

Column #1 - AVERAGE. This column shows the number of expected deaths per 100,000 people of your age and sex in the next 10 years.

Column #2 - APPRAISAL. This column shows the number of expected-deaths per 100,000 people who have the same medical history and lifestyle behaviors as you.

Column #3 - ACHIEVABLE. This column shows the number of expected-deaths per 100,000 people who have the same medical history and lifestyle behaviors as you after you achieve the recommendations listed in the Recommended Lifestyle Changes box at the bottom of page 1.

DIFFERENCES. Subtracting Column 3 from Column 2 gives you the difference between Appraisal and Achievable and demonstrates the impact of lifestyle change.

Page Two
Understanding Your Personal HRA

Your Three Ages

At the bottom of the chart, three "ages" are listed:

1. ***Chronological age:*** Your actual age, years since birth.
2. ***Appraised age:*** Your current health age based on your habits and lifestyle behaviors now. You may be "older" or "younger" than the actual age.
3. ***Achievable Age:*** Your new health age if you follow the recommendations for change listed on Page 1.

Desirable Weight

Given your height and body type, a desirable weight is indicated. This ideal weight is based upon 1983 Metropolitan Life Height and Weight tables.

Recommended Lifestyle Changes

Lifestyle modifications are listed. Making these changes will bring you to your achievable age.

PLEASE TURN TO PAGE 2

Causes of death are again listed in highest order, and specific **conditions** (risk factors) that contribute to these causes are listed.

The data in this section is taken directly from your HRA. Each one of these conditions is assigned a pre-established **partial risk** numerical figure. For a number less than 1.0, your risk associated with that condition is **less** than the national average. Number **1.0** is an **average risk**, and a number **above 1.0** means you have a **higher risk** than average for your age, sex, and race.

All partial risks are then compiled by a computerized formula and a **total risk** figure established.

Total risk figures are based on the same standards; i.e. **1.0** means you are **average**, lower than **1.0** less than national average, higher than **1.0** means you are at increased risk for that particular disease.

By quickly reviewing your total risk figures you can discover useful information about your current lifestyles and their effect upon your life expectancy.

REMEMBER - your HRA is not intended to be a comprehensive analysis of your health or a substitute for a medical examination. So take action now. Your health is your responsibility.

HEALTHWORKS!
MODEL COMMUNITY PROJECT

Interest Survey

Name _____

Address _____

Phone Number _____

Your Interest as a Program Participant

Please check the activities below according to your level of interest in them.

	I wish to receive self-help pamphlets and/or other printed info on this topic	I wish to attend a seminar on this topic	I wish to be actively involved in a group program on this topic
Smoking Cessation	_____	_____	_____
Physical Fitness/Exercise	_____	_____	_____
Walking Club	_____	_____	_____
Weight Control	_____	_____	_____
Healthy Eating	_____	_____	_____
Other (Describe)			
_____	_____	_____	_____
_____	_____	_____	_____

(over)

2/1/89

Your Interest as a HEALTHWORKS! Volunteer

Below are some of the special programs, events, and activities being planned for HEALTHWORKS! Please check those you would like to help organize.

Activity	*What Needs to be Done*
❑ Weekly HEALTHWORKS! Column in the North East Breeze	Research and write educational articles on smoking, exercise, nutrition, weight control, etc.
❑ Quit-and-Win Smoking Cessation Campaign	Help plan program; prepare displays, solicit prizes; recruit participants; publicity; help plan award ceremony.
❑ Weight Loss Competition	Help plan program; publicity; recruit participants; conduct weekly weigh-ins; keep records; distribute health information to the participants; help plan award ceremony.
❑ Fitness Challenge	Help plan program; publicity; recruit participants; keep records, etc.
❑ Walking Club	Help plan and organize; publicity; recruit participants; keep records; solicit incentive prizes.
❑ Happy Body Bake-Off (Recipe Contest)	Help plan and organize; publicity; recruit participants; solicit prizes; assemble cookbook.
❑ HEALTHWORKS! Quarterly Newsletter	Write articles; help with mailing and distribution

PHYSICAL ACTIVITY
GOAL SETTING CONTRACT

I, _____ , will improve my exercise habits by increasing the following activity _____ from _____ times per week to _____ times per week for _____ minutes per session. Achieving the goal might be difficult because _____ _____ but I plan to attack that problem by _____.

If I achieve my goal, I will allow/give myself _____.

HEALTH WORKS!

MODEL COMMUNITY

PROJECT

APPENDIX I

"Healthier People" HRA Program

The Carter Center of Emory University
Healthier People
Health Risk Appraisal Program

Overview of The Carter Center Health Risk Appraisal

★ An important tool for health providers and health educators as they endeavor to shift emphasis from reactive health care to proactive, preventive care
★ Revised and updated by The Carter Center of Emory University in collaboration with the Centers for Disease Control
★ Cosponsored by 20 major health organizations and a nationwide network of state health departments
★ A Health Risk Appraisal instrument available in the public domain

Data Base

★ Risk Factor Update Project Final Report (UCLA, 1985)
★ Closing the Gap: A National Consultation on Health Policy (1987)
★ The Framingham Study (1987 equations)
★ Cancer Control Objectives for the Nation: 1985-2000 (National Cancer Institute, 1986)
★ American Cancer Society 25-State Study (1980)
★ Mortality Data from the Vital and Health Statistics of the United States (National Center for Health Statistics, 1980-82)
★ Population Estimates from the U.S. Census (1980)
★ National Health Surveys: Health Information Survey, National Health and Nutrition Examination Survey (National Center for Health Statistics, 1980-85)
★ Proposals for a revised Evalu-Life/Evalu-Vie: Final report (Health and Welfare Canada, 1981)

Methodology

★ Multivariate statistical techniques
★ Risk Age adjustments for persons with non-modifiable risk factors
★ HDL Cholesterol used in place of physical activity to estimate heart attack risk
★ Modular software designed for modification and adaptation

Questionnaire

★ 4 pages with a total of 45 questions
★ Within limits, user may add items to the questionaire and responses to the participant report

Participant Reports

★ Individual reports
- 2 pages
- Risk-year estimates for each modifiable risk factor
- Bulletin board areas for user defined messages
- Optiona supplemental detail page

★ Group summary
- 4-5 page summary of participant data for a single batch
- Presents descriptive statistics (counts, means, percentages, standard deviations, etc.) for each questionnaire item
- Capable of exporting data to standard statistical programs for user defined analysis

Hardware Requirements

★ IBM-PC or true compatible
★ 512K Memory
★ 2 floppy disks or hard disk
★ MS/PC-DOS 2.0 or higher
★ Printer with compressed print (15+ characters per inch)

Software

★ Coded in C-Language
★ May be modified by any user or developer who is willing to assume full responsibility for the changes
★ Possible types of changes
- Cosmetic changes in the output reports
- Development of new or significantly revised output formats
- Modification of data tables
- Development of new input formats
- Modification of menu screens
- Modification of risk algorithms

★ Flexible data input and editing
★ Report variables exportable to other programs

Supporting Documentation

★ User Manual - Software implementation instructions, guidelines and standards for appropriate use, administration and interpretation aids, explanation of computer algorithms
★ Technical Documentation - Overview of the HRA Update Project, description of the risk estimation methodology, tables used for assessment of participant risk, instructions for manual calculation of risk
★ Software Program Documentation - Description of program structure and flow, detailed program documentation for Software Program Modification Manual - Instructions for making routine changes in software
★ Administrative Manual - Procedures and policies for User Network Focal Points

Distribution

★ Through User Network Focal Points
★ Registration fee for new users - $175.00
★ Additional costs may be incurred for training and support within an agencies respective state or Focal Point area for Registration fee will cover
- Camera ready copy of the questionnaire
- Software
- On-going technical support
- Periodic update information
- Supporting manuals

THE
CARTER CENTER
OF EMORY UNIVERSITY

Healthier People
Health Risk Appraisal

No. _____

Detach this coupon and put it in a safe place.
You will need it to claim your appraisal results.

Healthier People
Health Risk Appraisal
The Carter Center of Emory University

No. _____

Health Risk Appraisal is an educational tool. It shows you choices you can make to keep good health and avoid the most common causes of death for a person your age and sex. This Health Risk Appraisal is not a substitute for a check-up or physical exam that you get from a doctor or nurse. It only gives you some ideas for lowering your risk of getting sick or injured in the future. It is NOT designed for people who already have HEART DISEASE, CANCER, KIDNEY DISEASE, OR OTHER SERIOUS CONDITIONS. If you have any of these problems and you want a Health Risk Appraisal anyway, ask your doctor or nurse to read the report with you.
DIRECTIONS: To keep your answers confidential DO NOT write your name or any identification on this form. Please keep the coupon with your participant number on it. You will need it to claim your computer report. To get the most accurate, results answer as many questions as you can and as best you can. If you do not know the answer leave it blank. Questions with a ◆ (star symbol) are important to your health, but are not used by the computer to calculate your risks. However, your answers may be helpful in planning your health and fitness program.

Please put your answers in the empty boxes. (Examples: [X] or [125])

1. SEX	❑ Male ❑ Female
2. AGE	[ ] Years
3. HEIGHT (Without shoes) *(No fractions)*	[ ] Feet [ ] Inches
4.WEIGHT (Without shoes) *(No fractions)*	[ ] Pounds
5. Body frame size	1 ❑ Small 2 ❑ Medium 3 ❑ Large
6. Have you ever been told that you have diabetes (or sugar diabetes)?	1 ❑ Yes 2 ❑ No
7. Are you now taking medicine for high blood pressure?	1 ❑ Yes 2 ❑ No
8. What is your blood pressure now?	[ ] [ ] Systolic (High number) / Diastolic (low number)
9. If you do not know the numbers, check the box that describes your blood pressure.	1 ❑ High 2 ❑ Normal or Low 3 ❑ Don't Know
10. What is your TOTAL cholesterol level (based on a blood test)?	[ ] mg/dl
11. What is your HDL cholesterol (based on a blood test)?	[ ] mg/dl
12. How many cigars do you usually smoke per day?	[ ] cigars per day
13. How many pipes of tobacco do you usually smoke per day?	[ ] pipes per day
14. How many times per day do you usually use smokeless tobacco? (chewing tobacco, snuff, pouches, etc.)	[ ] times per day

Health Risk Appraisal is an educational tool. It shows you choices you can make to keep good health and avoid the most common causes of death for a person your age and sex. This Health Risk Appraisal is not a substitute for a check-up or physical exam that you get from a doctor or nurse. It only gives you some ideas for lowering your risk of getting sick or injured in the future. It is NOT designed for people who already have HEART DISEASE. CANCER, KIDNEY DISEASE, OR OTHER SERIOUS CONDITIONS. If you have any of these problems and you want a Health Risk Appraisal anyway, ask your doctor or nurse to read the report with you.

Your report may be picked up at _____ on _____

✂

15. CIGARETTE SMOKING

How would you describe your cigarette smoking habits?

1 ❑ Never smoked ☛ Go to 18
2 ❑ Used to smoke ☛ Go to 17
3 ❑ Still smoking ☛ Go to 16

16. STILL SMOKE

How many cigarettes a day do you smoke? [ ] cigarettes per day ☛ Go to 18

☛ **GO TO QUESTION 18**

17. USED TO SMOKE

a. How many years has it been since you smoked cigarettes fairly regularly? [ ] years

b. What was the average number of cigarettes per day that you smoked in the 2 years before you quit? [ ] cigarettes per day

18. In the next 12 months how many thousands of miles will you probably travel by each of the following?

(NOTE: U.S. average=10,000 miles)

a.Car, truck, or van: [ ] ,000 miles

b. Motorcycle: [ ] ,000 miles

19. On a typical day how do you USUALLY travel? (Check one only)

1 ❑ Walk
2 ❑ Bicycle
3 ❑ Motorcycle
4 ❑ Sub-compact or compact car
5 ❑ Mid-size or full-size car
6 ❑ Truck or van
7 ❑ Bus, subway, or train
8 ❑ Mostly stay at home

20. What percent of the time do you usually buckle your safety belt when driving or riding ? [ ] %

21. On the average, how close to the speed limit do you usually drive?

1 ❑ Within 5 mph of limit
2 ❑ 6-10 mph over limit
3 ❑ 11-15 mph over limit
4 ❑ More than 15 mph over limit

22. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink? [ ] times last month

23. How many drinks of alcoholic beverages do you have in a typical week?(Write the number of each type of drink)

[ ] Bottles or cans of beer
[ ] Glasses of wine
[ ] Wine coolers
[ ] Mixed drinks or shots of liquor

(MEN GO TO QUESTION 33)

WOMEN

24. At what age did you have your first menstrual period? [ ] years old

25. How old were you when your first child was born? [ ] years old

(If no children write 0)

26. How long has it been since your last breast x-ray (Mammogram)	1 ❑ Less than 1 year ago 2 ❑ 1 year ago 3 ❑ 2 years ago 4 ❑ 3 or more years ago 5 ❑ Never
27. How many women in your natural family have had breast cancer? (Mother and sisters only)	☐ Women
28. Have you had a hysterectomy operation?	1 ❑ Yes 2 ❑ No 3 ❑ Not sure
29. How long has it been since you had a pap smear test?	1 ❑ Less than 1 year ago 2 ❑ 1 year ago 3 ❑ 2 years ago 4 ❑ 3 or more years ago 5 ❑ Never
◆30. How often do you examine your breasts for lumps?	1 ❑ Monthly 2 ❑ Once every few months 3 ❑ Rarely or never
◆31. About how long has it been since you had your breasts examined by a physician or nurse?	1 ❑ Less than 1 year ago 2 ❑ 1 year ago 3 ❑ 2 years ago 4 ❑ 3 or more years ago 5 ❑ Never
◆32. About how long has it been since you had a rectal exam? ☞(WOMEN GO TO QUESTION 34)	1 ❑ Less than 1 year ago 2 ❑ 1 year ago 3 ❑ 2 years ago 4 ❑ 3 or more years ago 5 ❑ Never
◆33, About how long has it been since you had a rectal or prostate exam?	1 ❑ Less than 1 year ago 2 ❑ 1 year ago 3 ❑ 2 years ago 4 ❑ 3 or more years ago 5 ❑ Never
◆34. How many times in the last year did you witness or become involved in a violent fight or attack where there was a chance of a serious injury to someone?	1 ❑ 4 or more 2 ❑ 2 or 3 times 3 ❑ 1 time or never 4 ❑ Not sure
◆35. Considering your age, how would you describe your overall physical health?	1 ❑ Excellent 2 ❑ Good 3 ❑ Fair 4 ❑ Poor
◆36. In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster)?	1 ❑ Less than 1 time per week 2 ❑ 1 or 2 times per week 3 ❑ At least 3 times per week
◆37. If you ride a motorcycle or all-terrain vehicle (ATV) what percent of the time do you wear a helmet?	1 ❑ 75% to 100% 2 ❑ 25% to 74% 3 ❑ Less than 25% 4 ❑ Does not apply to me

◆38. Do you eat some food every day that is high in fiber, such as whole grain bread, cereal, fresh fruits or vegetables?	1 ❑ Yes 2 ❑ No
◆39. Do you eat foods every day that are high in cholesterol or fat, such as fatty meat, cheese, fried foods, or eggs?	1 ❑ Yes 2 ❑ No
◆40. In general, how satisfied are you with your life?	1 ❑ Mostly satisfied 2 ❑ Partly satisfied 3 ❑ Not satistied
◆41. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life? (For example, a job loss, disability, separation, jail term, or the death of someone close to you)?	1 ❑ Yes, 1 serious loss or misfortune 2 ❑ Yes, 2 or more 3 ❑ No
◆42a. Race	1 ❑ Aleutian, Alaska native, Eskimo or American Indian 2 ❑ Asian 3 ❑ Black 4 ❑ Pacific Islander 5 ❑ White 6 ❑ Other 7 ❑ Don't know
◆42b. Are you of Hispanic origin such as Mexican-American, Puerto Rican, or Cuban?	1 ❑ Yes 2 ❑ No
◆43. What is the highest grade you completed in school?	1 ❑ Grade school or less 2 ❑ Some high school 3 ❑ High school graduate 4 ❑ Some college 5 ❑ College graduate 6 ❑ Post graduate or professional degree
◆44. What is your job or occupation? (Check only one)	1 ❑ Health professional 2 ❑ Manager, educator, professional 3 ❑ Technical, sales or administrative support 4 ❑ Operator, fabricator, laborer 5 ❑ Student 6 ❑ Retired 7 ❑ Homemaker 8 ❑ Service 9 ❑ Skilled crafts 10 ❑ Unemployed 11 ❑ Other
◆45. In what industry do you work (or did you last work) ? (Check only one)	1 ❑ Electric, gas, sanitation 2 ❑ Transportation, communication 3 ❑ Agriculture, forestry, fishing 4 ❑ Wholesale or retail trade 5 ❑ Financial and service industries 6 ❑ Mining 7 ❑ Government 8 ❑ Manufacturing 9 ❑ Construction 10 ❑ Other

HEALTHIER PEOPLE

The Carter Center of Emory University

Atlanta, Georgia — Wed Jun 13 1990

Female Age 48 — Version 3.1

YOUR RISK AGE:	NOW 55.57 years	TARGET 47.68 years

THIS REPORT CONTAINS ESTIMATES DUE TO MISSING ITEMS, INCLUDING THE FOLLOWING:
HDL Cholesterol.

Many serious injuries and health problems can be prevented. Your Health Risk Appraisal lists factors you can change to lower your risk. For causes of death that are not directly computable, the report uses the average risk for persons of your age and sex. More technical detail about the report is on page 2.

MOST COMMON CAUSES OF DEATH	NUMBER OF DEATHS IN NEXT 10 YEARS FOR 1000 WOMEN AGE 48			MODIFIABLE RISK FACTORS
Heart Attack	33	7	7	Avoid tobacco use, blood pressure, Cholesterol level, weight
Lung Cancer	11	6	4	Avoid tobacco use
Stroke	7	2	3	Avoid tobacco use, blood pressure
Breast Cancer	7	7	6	A low-fat diet and regular exams may reduce risk
Colon Cancer	2*	2*	2	A high-fiber / low-fat diet might reduce risk
Cirrhosis of Liver	2	2	2	Continue to avoid heavy drinking
Ovary Cancer	2*	2*	2	Get regular exams
Emphysema/Bronchitis	1	<1	1	Avoid tobacco use
Esophagus Cancer	1	<1	<1	Avoid tobacco use
Diabetes mellitus	1	1	1	Control your weight and follow doctor's advice
Pancreas Cancer	1	1	1	Avoid tobacco use
All Other	22	21	22	
TOTAL:	91	49	51	* = Average Value Used Deaths in next 10 years per 1,000 Women, age 48

For height 5'7" and large frame, 175 pounds is about 20% overweight. Desirable Weight Range 139-153

GOOD HABITS	TO IMPROVE YOUR RISK PROFILE:	RISK YEARS GAINED
+ Regular pap tests	Quit smoking	4.07
+ Safe driving speed	Lower your blood pressure	1.58
+ You don't use smokeless tobacco	Lower your cholesterol	1.27
	Bring your weight to desirable range	0.11
	Always wear your seat belts	0.10
	Total Risk Years you could gain =	7.89

ROUTINE PREVENTIVE SERVICES FOR WOMEN YOUR AGE

Blood pressure and cholesterol test
Pap smear test
Breast cancer screening (check with doctor or clinic)
Rectal exam (or Sigmoidoscopy)
Eye exam for glaucoma
Dental exam
Tetanus-Diptheria booster shot (every 10 years)

GENERAL RECOMMENDATIONS FOR EVERYONE

*Exercise briskly for 15 - 30 minutes at least three times a week
* Use good eating habits by choosing a variety of foods that are low in fat and cholesterol and high in fiber.
* Learn to recognize and handle stress, get help if you need it

ADDITIONAL MESSAGE FROM: The Carter Center of Emory University

Many Americans are concerned about the risk of getting AIDS. AIDS is caused by a virus that is spread by sexual contact and by sharing needles during drug use. AIDS may also be passed from a mother to an unborn child during pregnancy or at birth. A small number of cases of AIDS were caused by blood transfusions received between 1977 and 1985. The blood supply is now quite safe because of screening programs. AIDS is not spread by day to day contact such as being near, touching, or eating with a person with AIDS. There is no vaccine or cure, but AIDS can be prevented. For further information call the AIDS Hotline: 1 - 800 - 342- AIDS (2437).

ABOUT THIS REPORT

This Health Risk Appraisal is different from a check-up or a health exam that you would get from a doctor or a nurse. It cannot tell if you are sick or have a medical problem. It only gives you some ideas for lowering your risks of getting sick or injured in the future.

Average rates are based on United States death certificate data as adjusted for certain personal factors, and reflect current health patterns, medical practices and environmental conditions. Appraised rates (YOUR GROUP) are computed for persons with your current health and safety practices. Achievable rates (TARGET) are computed for persons who can reduce risk factors to a lower level. All of the risks are computed from data of the Carter Center of Emory University HEALTHIER PEOPLE Project, with technical support from 25 other major health agencies.

CAUTION: If anything in your printout doesn't seem right to you, ask your interpreter to check your printout. The HEALTHIER PEOPLE report should always be interpreted by a qualified health professional.

How To Understand Your Health Risk Appraisal Report

Unhealthy habits can lead to early death or chronic illness. Every year 1.3 million people die prematurely in the United States from conditions which could be prevented or delayed. Your personalized Health Risk Appraisal (HRA) may help you avoid becoming one of these statistics by giving you a prediction of your health risks related to your particular characteristics and habits.

■WHAT IS A HEALTH RISK APPRAISAL?

The Health Risk Appraisal is an estimation of your risk of dying in the next ten years from each of forty-two causes of death. The twelve most common of these are printed individually on your Report Form; the others are grouped together and printed as "All Other" on the form. These risks are calculated by a computer which compares your characteristics to national mortality statistics. The Health Risk Appraisal does not tell you how long you will live, nor does it diagnose or treat disease; it gives you a way to compare yourself to large groups of people on which medical data have been collected.

■RISK FACTORS

Most chronic diseases develop over the years in the presence of certain risk factors. Risk factors are either controllable or uncontrollable. Uncontrollable risk factors include factors such as your age, sex, and the health history of your family. Controllable risk factors include lifestyle habits that you can change such as blood pressure, exercise, smoking, weight, cholesterol, stress, and use of safety belts.

The Health Risk Appraisal uses both uncontrollable and controllable risk factors in calculating health risks. You should focus on controllable risk factors. To help you decide which controllable risk factors you should concentrate on, the Health Risk Appraisal identifies the controllable factors for each cause of death. The report gives you an idea of their relative importance by indicating the number of risk years you could gain by controlling each factor.

Uncontrollable Risk Factors

1. Age
2. Sex
3. Heredity

Controllable Risk Factors

1. Blood Pressure
2. Exercise
3. Smoking
4. Weight
5. Cholesterol
6. Stress

To see what the numbers on your Report Form mean, where to find your relative risks, and which risk factors you need to improve, turn the next page.

How to Understand Your Health Risk Appraisal (HRA)

In order to ensure complete confidentiality, your name does not appear anywhere on the report.

Please look at the example of an HRA report on the right. On this report you will see that some parts are numbered. To understand what each of these parts mean, read the explanation below.

1. Your **ACTUAL** age and sex is shown at the upper left hand corner of your report. In the example shown on the right, the person who completed the HRA was a 57 year old woman.

2. The questions which you did not answer are listed under Missing Items. In the example, the question on HDL cholesterol was not filled in.

3. Your **RISK AGE NOW** shows the age of people who have the same risk of dying from 42 causes of death as you have, given your current health habits. In this example, the 57 year old woman has the same chance of dying as a 55.99 year old woman.

4. Your **TARGET RISK AGE** shows how much you could improve if you made the changes recommended in this report. In this example, the 57 year old female could change her health risks and then have the same chance of dying as a 53.70 year old female.

5. **MOST COMMON CAUSES OF DEATH** - In this column are listed the causes of death for persons of your age and sex. They are listed in order from the most common cause of death at the top of the list to the least common at the bottom.

6. The numbers listed in the column **YOUR GROUP** are the number of deaths which are expected for each cause of death in the next 10 years from among 1,000 people who have habits and risk factors just like you.

7. The numbers in the **TARGET** column are the number of people who are expected to die in the next 10 years from among 1,000 people who are just like you except they have adopted the habits listed in the section "To Improve Your Risk Profile".

8. The number in the **POPULATION AVERAGE** column is the national average of deaths in the next 10 years for 1, 000 people of your same age and sex.

9. **MODIFIABLE RISK FACTORS** - Beside each cause of death are listed the modifiable risk factors which you need to change. This list is specific and personalized for you.

10. Your **DESIRABLE WEIGHT RANGE** is based on your height and frame (small, medium or large). This ideal weight is based upon the 1983 Metropolitan Life Height and Weight Tables.

11. **GOOD HABITS** - This box lists the good health habits which you reported on your HRA form. Congratulations!

12. **TO IMPROVE YOUR RISK PROFILE** - this box is the prediction of how many years of life you may be expected to gain by adopting the health habits listed here. The sum of the **RISK YEARS GAINED** is the difference between your **RISK AGE NOW** and your **TARGET RISK AGE** (see #3 and 4 above).

Sample HRA Report

15203 (1)
Female Age 57

HEALTHIER PEOPLE
The Carter Center of Emory University

Wed Jun 13 1990
Version 3.1

YOUR RISK AGE:	NOW (3)	TARGET (4)
	55.99 years	53.70 years

(2)
THIS REPORT CONTAINS ESTIMATES DUE TO MISSING ITEMS, INCLUDING THE FOLLOWING:
HDL Cholesterol.

Many serious injuries and health problems can be prevented. Your Health Risk Appraisal lists factors you can change to lower your risk. For causes of death that are not directly computable, the report uses the average risk for persons of your age and sex. More technical detail about the report is on page 2.

MOST COMMON CAUSES OF DEATH (5)	NUMBER OF DEATHS IN NEXT 10 YEARS FOR 1000 WOMEN AGE 57 (6) Your Group	Target (7)	Population Average (8)	MODIFIABLE RISK FACTORS (9)
Heart Attack	22	11	23	Cholesterol Level, Weight
Lung Cancer	11	7	8	Avoid tobacco use
Breast Cancer	5	5	8	A low-fat diet and regular exams may reduce risk
Stroke	4	4	7	Don't smoke, keep your blood pressure low
Colon Cancer	4	4*	4	A high-fiber / low-fat diet might reduce risk
Diabetes mellitus	3	3	3	Control your weight and follow your doctor's advice
Ovary Cancer	3	3*	3	Get regular exams
Cirrhosis of Liver	2	2	2	Continue to avoid heavy drinking
Hypertensive Disease	2	2*	2	
Lymphoma	2	2*	2	
Uterine Cancer	2	2	1	Get regular exams Pancreas Cancer 1 1
2 Avoid tobacco use				
All Other	36	36	41	
TOTAL:	**98**	**82**	**106**	**Deaths in next 10 yrs. per 1,000 women, age 57**

* = Average Value Used

(10) For height 5'7" and large frame, 158 pounds is about 8% overweight. Desirable Weight Range 138 - 153

GOOD HABITS (11)	TO IMPROVE YOUR RISK PROFILE: (12)	RISK YEARS GAINED
+ Low alcohol risk	- Lower your cholesterol	1.55
+ Regular breast exams	- Remain a non-smoker	0.70
+ Regular pap tests	- Bring your weight to desirable range	0.04
+ Safe blood pressure level		
+ Good seat belt use		
+ Safe driving speed		
+ You don't use smokeless tobacco		

Total Risk Years you could gain = 2.29

Page two of your Report Form lists some **ROUTINE PREVENTIVE SERVICES**. These services are specific for people of your age and sex. The Report Form also lists some **GENERAL RECOMMENDATIONS FOR EVERYONE**. For the particular woman used in this example, the Report Form printed the following messages:

ROUTINE PREVENTIVE SERVICES FOR WOMEN YOUR AGE	GENERAL RECOMMENDATIONS FOR EVERYONE
Blood Pressure and Cholesterol tests Pap Smear test Breast Cancer Screening (check with your doctor or clinic) Rectal Exam (or sigmoidoscopy) Eye Exam for Glaucoma Dental Exam Tetanus-Diptheria booster shot (every ten years)	■Exercise briskly for 15 - 30 minutes at least three times a week. ■Use good eating habits by choosing a variety of foods that are low in fat and cholesterol and high in fiber. ■Learn to recognize and handle stress - get help if you need it.

■CHOOSING A HABIT TO WORK ON

Your Health Risk Appraisal is intended to encourage you to work on the habits you can change - to be the best that you can be. You don't have to change your entire lifestyle overnight - in fact, trying to change too many habits at once is probably the quickest way to discouragement and failure. The Health Risk Appraisal, therefore, may help you by showing you which behaviors should have priority. If you can not change the behavior that is top on the list (the one that would give the greatest amount of **RISK YEARS GAINED**), try to concentrate on changing the next highest on the list.

■MAKE A PLAN

Make a plan of how to change the habit you chose to work on. Write the plan down and keep it in sight. Be prepared for temptation! Observe the time, situation, or place that most often triggers your unhealthy habit and be ready to combat the urge when it appears. Let family and friends know of your goals, and ask for their encouragement.

■REWARD YOURSELF

Rewards are an important part of changing behavior. Give yourself a reasonable reward when you accomplish your goal. Choose a healthy and enjoyable reward. You've worked hard and are on the road to good health!

■KEEP TRYING

Many people are not successful giving up a bad habit on their first try. But practice makes perfect. The more times you try, the more likely you will succeed. So if you go back to your old habit, try again. Remember experts feel it takes about 30 days for a new habit to replace an old one.

■HRA LIMITS

Your Health Risk Appraisal does have limits. It is not a predictor, but rather an educational tool. It does not take into consideration whether or not you already have a medical condition and it does not consider more rare diseases and other health problems which are not fatal but can limit your enjoyment of life (such as arthritis). What it does consider are the lifestyle factors over which you have a great degree of control and which account for a large number of premature deaths. Now that you are familiar with your particular health risks, it's time to do something about them.

PENNSYLVANIA DEPARTMENT OF HEALTH
DIVISION OF HEALTH PROMOTION

Robert P Casey
Governor of Pennsylvania

The Pennsylvania Department of Health is an equal opportunity provider of grants, contracts, services, and employment.

HEALTH WORKS!

MODEL COMMUNITY

PROJECT

APPENDIX J

Cholesterol Screening Criteria (Pennsylvania)

Commonwealth of Pennsylvania

DEPARTMENT OF HEALTH
BUREAU OF LABORATORIES
(215) 363-8500

Location Address:
Pickering Way & Walsh Pool Road
Lionville, PA 19353

Mailing Address:
PO Box 500
Exton, PA 19341-0500

CRITERIA FOR CONDUCTING CHOLESTEROL SCREENING IN PENNSYLVANIA TO COMPLY WITH THE CLINICAL LABORATORY ACT

1. A cholesterol screening program may only be conducted by a clinical laboratory holding a Pennsylvania license.

2. The clinical laboratory must submit in writing its testing protocol which should include:
   a. Description of the training provided for each operator
   b. A description of the quality control program utilized, including evidence of supervisory review
   c. A description of the steps to be taken should quality control be unacceptable.

3. An itinerary of the screening schedule planned must be submitted to the Bureau of Laboratories in advance of the proposed screening clinic.

4. If screening is performed in any food establishment, an enclosed testing area must be utilized.

5. Each location is considered a separate facility, requiring a separate license.

6. Two levels of control materials must be run each day of testing.

7. Each instrument and each operator will be proficiency tested quarterly.

8. All abnormal test results must be sent to the physician in charge of the screening program or to the participant's own physician, provided ***prior written consent*** has been obtained indicating that the physician will accept the results.

9. Section 5.71 of the Department regulations prohibits the clinical laboratory performing the testing from providing rebates of any kind to any organization sponsoring the screening program.

Pennsylvania Cardiovascular Risk Reduction Program

GUIDELINES FOR CHOLESTEROL SCREENING ACTIVITIES

The following guidelines are designed to 1) assure the most effective use of resources available to the Department, 2) ensure that Department-supported cholesterol screening activities establish a standard of quality to guide others conducting such activities, and 3) direct resources to those who would otherwise not be able to obtain the service.

Specific Department of Health supported cholesterol screening in Pennsylvania can be done in either a research or service mode. All cholesterol screening proposals should be identified as either a primary research initiative or a service initiative, i.e., operational research. Priorities for providing resources in terms of staff or contract funds should be according to the following guidelines for research and service.

RESEARCH

Research priority should be given to primary preventive care approaches designed to test if the method yields demonstrable benefit according to one or more of the following outcome criteria:

- Identifies the presence of other cardiovascular risk factors
- Yields measurable change in consumer health belief and/or behavior
- Yields assessment of the health belief of the client as to whether the health risk is internalized or externalized
- Leads to continuity of primary and other appropriate health care
- Identifies effective methods of follow-up
- Addresses changes in a defined high-risk population
- Addresses changes in a disadvantaged population
- Has sufficient power to detect a 6% fall in cholesterol (where cholesterol testing is a main outcome criterion)

SERVICE *(Operations research)*

Service priority should be given to those approaches which address as many of the following objectives as practicable:

- Inclusion of screening for other cardiovascular risk factors in addition to cholesterol
- Reaching a high risk population
- Reaching a disadvantaged population
- Inclusion of an effective plan for evaluation of the activity

- Effective assessment of follow-up treatment plan compliance
- Inclusion of data management and analysis as part of the process
- Leads to continuity of primary and other appropriate health care

Any supported cholesterol screening done in either a research or service mode should be conducted under the following standards of quality:

1. Two screening baseline levels within two weeks and one follow-up cholesterol done using the same methodology. In the service mode, the second baseline screening and the follow-up may be done by referral utilizing a different methodology.

2. Appropriate advice and information given and referral facilitated.

3. Quality control of screening activities, particularly to ensure no laboratory drift.

10/27/89
CHOLSCRN.DOC

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(814) 825-8738

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Division of Health Promotion
P.O. Box 90
Harrisburg, PA 17108

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Governor

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Secretary of Health

Joseph Trzybinski, Director
Erie County Department of Health

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H301.002